

# Citizens for Marysville Schools Donation Authorization

Name \_\_\_\_\_ SS# \_\_\_\_\_

Local Association \_\_\_\_\_ Work Site \_\_\_\_\_

## Cash or Check (one time) Contribution:

I wish to contribute to the Citizens for Marysville Schools and hereby enclose cash or check in the following amount:

\$12    \$24    \$60    Other \_\_\_\_\_

Checks payable to **Citizens for Marysville Schools**.  
(Contributions may be made annually utilizing this form.)

## Payroll Deduction Contribution:

I authorize the Marysville School District to deduct \$ \_\_\_\_\_ per month from my earnings in order to make contributions to the Citizens for Marysville Schools.

(This deduction will remain in effect until revoked in writing by the employee named on this form.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*According to state law, no employer or labor organization may discriminate against an officer or employee in the terms and conditions of employment for (a) the failure to contribute to; (b) the failure in any way to support or oppose; (c) in any way supporting or opposing a candidate, ballot proposition, political party or political committee.*

**Return form to the Marysville School District Payroll Office  
Attention: Jim Nowlin, Payroll Supervisor**

**Mail one-time donations to:  
Citizens for Marysville Schools  
P.O. Box 1708  
Marysville, WA 98270**