



EMPLOYEE *Giving Campaign!*

JOIN US IN SUPPORTING OUR
FOUNDATION SCHOLARSHIP PROGRAMS!

Contribution Form

First Name: _____ Last Name: _____

Employee ID: _____

Address: _____

City/State: _____ Zip: _____

PAYROLL DEDUCTION

\$ _____
(Amount contributed per pay period.)

X _____
of Pay Periods Per Year

Total annual pledge must be
\$24 or more per year.

Total Annual Pledge Amount \$ _____
Your payroll deduction will automatically renew annually until modified by you.

ONE TIME PLEDGE

CASH \$ _____

CHECK \$ _____
CHECK # _____
Payable to RCOE Foundation

PAYROLL DEDUCTION \$ _____

Attach cash or check to contribution form.

Total Pledge Amount \$ _____

Please apply my donation to:

Option 1: Student Scholarship Programs

Option 2: Brighter Future Fund
(Financial Literacy Student Savings Account Program)

Your signature is required to authorize the payment option. Please check the accuracy of all entries. Your payroll deduction will automatically renew annually until modified by you.

Signature: _____ Date: _____

**TOGETHER WE CAN MAKE A DIFFERENCE IN THE LIVES
OF STUDENTS, FAMILIES, AND OUR COMMUNITY.**

Submit completed form to: **Dana Smith** at RCOEfoundation@rcoe.us, (951) 826-6478