



THE LYNCHBURG CITY SCHOOLS EDUCATION FOUNDATION

PAYROLL DEDUCTION AUTHORIZATION

I, _____, hereby authorize Lynchburg City Schools, my employer, to deduct \$ _____ each pay period to contribute to the Lynchburg City Schools Education Foundation, Inc. This tax deductible contribution will remain in effect until changed or terminated by me in writing and directed to the finance office located in the School Administration Building.

Signed: _____ Date: _____

SSN: _____

Please Note: Your level of support represents your total annual contribution through payroll deduction and not your deduction per pay period.

Levels of Support (please check)

___ \$25

___ \$500

___ \$50

___ \$1000

___ \$100

___ Other

___ \$250

Please complete this form and send to:

Jodi Gillette
Executive Director
c/o Lynchburg City Schools
Education Foundation, Inc.
PO Box 2497
Lynchburg, VA 24505