



CENTRAL UNIFIED SCHOOL DISTRICT
4605 North Polk Avenue · Fresno, CA 93722
Phone: (559) 274-4700 · Fax: (559) 271-8200



**FOUNDATION FOR CENTRAL SCHOOLS
EMPLOYEE PLEDGE FORM**

Printed Name: _____

School or Department: _____

Last four digits of Social Security number: _____

VOLUNTARY MONTHLY EMPLOYEE PAYROLL DEDUCTION

I wish to contribute to the Foundation for Central Schools in the amount of \$_____ per month beginning _____. Please initiate a deduction from my monthly pay warrant and continue until I cancel, in writing. I understand it may take up to 45 days to initiate or to cancel the deduction.

\$ 1.00 per month = \$12.00 per year
\$ 5.00 per month = \$60.00 per year
\$10.00 per month = \$120.00 per year
\$15.00 per month = \$180.00 per year
\$20.00 per month = \$240.00 per year

Employee signature: _____ Date: _____

Please return form to:
Foundation for Central Schools
Attn: Marsha Gober
4605 N Polk Av Room 6
Fresno, CA 93722
Phone: 274-4700 ext 63145

In recognizing this gift, the name of the employee making the contribution will be acknowledged in a number of ways, including but not limited to print. If you do not wish for your name to be published for public view, please initial here. _____