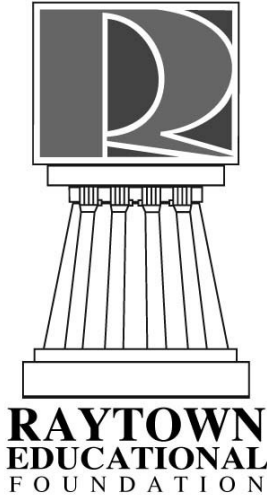


Raytown Educational Foundation Employee Payroll Deduction Authorization



I authorize a donation in the amount of \$ _____ to be deducted from my salary each pay period. I authorize this amount be deducted until I notify Payroll to change or stop the deduction.

NAME _____ **SOCIAL SECURITY #** _____

ADDRESS _____

CITY / STATE / ZIP _____

SIGNATURE _____ **DATE** _____

Donations are deposited into the Foundations' general fund. To request your donation to another fund, contact the Raytown Educational Foundation Executive Director at 268-7000. Send the completed form to the school district Business Payroll Department.