



RIM OF THE WORLD EDUCATION FOUNDATION

P.O. Box 2151, Lake Arrowhead, CA 92352
501 (c) (3) Tax ID # 33-0109403

Rim of the World Unified School District AUTHORIZATION FOR PAYROLL DEDUCTION

NAME: _____

MAILING ADDRESS: _____
P.O. BOX NUMBER CITY ZIP CODE

SCHOOL SITE: _____

PAY SCHEDULE: () 10 WARRANTS () 12 WARRANTS

I hereby authorize Rim of the World Unified School District to deduct \$_____ from my payroll warrants on a monthly basis. The money is to be donated to the Rim of the World Education Foundation. I understand that I will receive a written acknowledgement of my total contribution in January of the following year.

Employee's Signature

Date

*Due to accounting costs, may we suggest a minimum deduction of \$5.00 per pay warrant on a monthly basis.

Please fill in the information, sign, date and **return to:**
Payroll Department
Attn: Debbie Hastings

Vendor #562
CRIMED