



Springfield Education Foundation

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**MONTHLY DONOR AUTHORIZATION FORM
SPRINGFIELD PUBLIC SCHOOLS PAYROLL DEDUCTION**

Name: _____

Address: _____

City: _____ Zip: _____

Email: _____

Phone: _____

For: Authorization Agreements for Monthly Donations via SPS Payroll

I authorize Springfield Public Schools to withdrawal \$_____ per month from my payroll to support _____ (**SEF, school or program** of your choice) to the Springfield Education Foundation.

This authorization is to remain in effect until the Springfield Education Foundation has received written notification from me to terminate. I will allow for sufficient time for the Springfield Education Foundation a reasonable opportunity to stop payments.

I am aware to change the date, amount or skip a monthly donation I will contact the Springfield Education Foundation five working days before the scheduled entry date.

Signature: _____ Date: _____