Springfield Education Foundation
PO Box 663 • Springfield OR • 97477
541-726-3243
Sona@SEFLane.org

MONTHLY DONOR AUTHORIZATION FORM
SPRINGFIELD PUBLIC SCHOOLS PAYROLL DEDUCTION

Name: _____

Address: _____

City: _____**Zip:** _____

Email: _____

Phone: _____

Working Location (school or building):_____

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: _____

Thank you for your support!
Please submit to **Kim.Donaghe@springfield.k12.or.us**
or send to Kim Donaghe at the SPS Admin Building
through inter-office mail

Empowering student success through community engagement.
www.springfieldeducationfoundation.org