Save Janesville Schools
Deduction Authorization

Name _____
(Please Print) Last First Middle

Address_____
Number & Street

_____
City State Zip

School _____

I hereby authorize the School District of Janesville, Janesville, Wisconsin, to deduct from my salary $ _____ per pay period. (The minimum deduction is $1.00 per pay period.) My donation will total _____ annually. I understand this amount will be remitted to the Community Foundation of Southern Wisconsin to cover my donation to the Save Janesville Schools Campaign.

I understand the deductions will be made in consecutive equal installments for the 2011/12 school year over my twenty (20) or twenty-four (24) pay periods beginning with the first regular paycheck issued.

I understand that the Board is relieved of any further responsibilities for collecting my pledge on behalf of the Save Janesville Schools campaign.

_____ _____
Signature Date