



## Payroll Deduction Authorization

I, \_\_\_\_\_, hereby authorize Lynchburg City Schools, my employer, to deduct \$ \_\_\_\_\_ each pay period to contribute to the Lynchburg City Schools Education Foundation, Inc. This tax deductible contribution will remain in effect until changed or terminated by me in writing and directed to the finance office located in the School Administration Building.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Please Note: Your level of support represents your total annual contribution through payroll deduction and not your deduction per pay period.

### Levels of Support (please check)

\_\_\_ \$25

\_\_\_ \$500

\_\_\_ \$50

\_\_\_ \$1000

\_\_\_ \$100

\_\_\_ Other

\_\_\_ \$250

\_\_\_\_\_

Please complete this form and send to:

Jodi K. Gillette, Executive Director  
c/o Lynchburg City Schools  
Education Foundation, Inc.  
PO Box 2497  
Lynchburg, VA 24505  
gillettejk@lcsedu.net  
(434) 515-5081