VANCOUVER PUBLIC SCHOOLS VPS

VPS Staff Campaign (employee giving program) Authorization for Payroll Deduction

Email completed for to staff.campaign@vansd.org or send via interoffice mail to Foundation for VPS, attn: Jenny Thompson

For questions contact Jenny Thompson, jenny.thompson@vansd.org, ext. 4723

EMPLOYEE INFORMATION

First Name:		**Last Name:**	
Employee ID#		**Primary Building Assignment:**	
Home Address:		City: / ST: / Zip:	
Work Email:		**Personal Email:**	
Preferred Phone:		☐ Mobile ☐ Home ☐ Work	

DONATION OPTIONS
I authorize and request that the amount(s) below be deducted from my paycheck and be remitted to the organization(s) I have selected.

Foundation for Vancouver Public Schools ☐ Monthly Payroll Deduction (Jan.-Dec. 2025) in the amount of: $ _____ ☐ One-Time Payroll Deduction (Jan. 2025) in the amount of: $ _____	**My total annual gift to the Foundation for VPS:** *($ amount x number of pay periods)* $ _____
Citizens Committee for Good Schools ☐ Monthly Payroll Deduction (Jan.-Dec. 2025) in the amount of: $ _____ ☐ One-Time Payroll Deduction (Jan. 2025) in the amount of: $ _____	**My total annual gift to the Citizens Committee for Good Schools:** *($ amount x number of pay periods)* $ _____

☐ My Spouse/Partner is employed by a company that may match my donation.
Company Name: _____

By entering my name below, I confirm that the information I have entered is correct to the best of my knowledge and I hereby authorize Vancouver Public Schools to deduct the amount(s) entered from my paycheck. I understand I may cancel my authorization for payroll deduction in writing at any time. The organizations participating in the VPS Employee Giving Program (aka Staff Campaign) do not provide goods or services for any donations received via this form. I acknowledge that employee giving through payroll deduction is a benefit of employment and does not imply endorsement by VPS for any non-profit beneficiaries. Donations are fully tax deductible as allowed by law. Please consult with your tax advisor for questions.

SIGNATURE REQUIRED TO AUTHORIZE YOUR GIFT

_____   _____

Type or sign your name on the line above   Date