

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ School/Building _____

One-Time Donation Option:

Gift amount: \$ _____

Method of Payment:

Check enclosed

Credit Card

MasterCard Visa Discover

Card Number _____

Expiration: Month/Year _____

Signature _____

or

DONATE ONLINE AT
www.fargoschoolsfoundation.org

Gift Designation:

Critical Needs Fund (includes Got No Milk, Critical Needs dollars to schools, MS/HS Pantries)

Got No Milk Critical Needs MS/HS Pantries

____ District Wide or School Designation: _____

Innovative Education Grants

Greatest Need This Year

Designated Scholarship
 please list: _____

School, Program, Classroom Donation
 please list: _____

Other: (Please list) _____

Payroll Deduction Options:

1. Bi-Weekly Payroll: [18 installments from 09/29/2017 through 06/08/2018 (no deduction 01/05/2018)]

I authorize the Fargo Public School District to deduct \$ _____ from each paycheck for a total gift of \$ _____ to the Fargo Public Schools Development Foundation.

2. Monthly Payroll: [9 installments from 10/2017-06/2018]

I authorize the Fargo Public School District to deduct \$ _____ from each paycheck for a total gift of \$ _____ to the Fargo Public Schools Development Foundation.

Fargo Public School District Badge I.D. #: _____

Signature _____

Print name: _____

Date: _____

To take advantage of the payroll deduction option, please return this form to the FPS Development Foundation **by September 22, 2017**. The original of this form will be submitted to the payroll department. Please make a copy for your records.