INDEPENDENT SCHOOL DISTRICT 206 EMPLOYEE CONTRIBUTION FORM



Be sure all the fields on the form are completely filled out and returned to Sara Meyer <u>smeyer@alexschools.org</u> in the Payroll Department at District Office. Contact AEF at (320) 762-3356, or email: foundation@alexschools.org with questions.

Employee Information (please print):

Name (Please write your name as you would like it to appear on our donor lists.)

Employee ID #	Site Assignment		
Home Address			
City	State	Zip	
Home Phone	Work Phone	Cell Phone	
E-mail	E-mail2		
I want my donation to remain this box is checked.	n anonymous. All donor name	es will appear in our Annua	al Report unless
Donor Pledge:			
\$2.00 per pay period pay period	\$4.00 per p	bay period	\$ per
206 Club – Annual donation of Member	of \$206 (\$8.58/pay period).	Renewal	New
Payment Option (select one):			
Enclosed			
Payroll Deduction			
Signature for Payroll Deduction: I understand this contribution will co			//