



**AGREEMENT REQUESTING PAYROLL DEDUCTION
FOR THE EDUCATION FOUNDATION
OF SOUTH BRUNSWICK TOWNSHIP, INC.**

NAME _____ Employee # _____

ADDRESS _____

- I wish to support the Foundation in its efforts to assure educational excellence in the South Brunswick School district. I am requesting that:

\$25 _____ \$10 _____ \$ 5 _____ Other \$ _____
be deducted from each paycheck, (for the 2015-16 school year) effective _____

- No, I do not wish to participate at this time.

The Education Foundation of
South Brunswick Township, Inc.
PO Box 644
Monmouth Junction, NJ 08852

The Foundation is a non-profit 501(c)(3) corporation

Signature of Employee