



### SBSD Employee Payroll Deduction Donation Form

We greatly appreciate the support from all of our donors and especially from the employees of the South Brunswick School District. This form lists several options for payroll deduction contributions. Please contact us at [info@edfoundationsb.org](mailto:info@edfoundationsb.org) with any questions. After selecting your choices, please return this form to:

**The Education Foundation of S.B. Twp., Inc.**  
**Attn: Payroll Deduction**  
**P.O. Box 644**  
**Monmouth Junction, NJ 08852**

Name: \_\_\_\_\_ Employee # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please notify the Human Resource Office that I wish to make a **payroll deduction from each check** in the amount of \$ \_\_\_\_\_, **starting in** \_\_\_\_\_. (*month/year*)

*I would like my payroll deduction to be continuous and not expire.* \_\_\_\_\_ (*initials*)

**OR** *I would like my payroll deduction to expire/end in* \_\_\_\_\_. (*month/year*)

***My donation is designated for:***

- |  |   |
|--|---|
| <input type="checkbox"/> General Fund                      | <input type="checkbox"/> Joanne Kerekes Arts Grants |
| <input type="checkbox"/> Spark of Innovation Grant Program | <input type="checkbox"/> EFSB Scholarships          |
| <input type="checkbox"/> In Honor/Memory of : _____        |   |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is the mission of The Education Foundation of South Brunswick Township, Inc., a (501)(c)(3) non-profit corporation, to promote and provide educational support and opportunities through innovative programs and projects. The Foundation will fulfill its mission by attracting and allocating financial and in-kind gifts of goods and services to and for the students of the South Brunswick School District.