

PLEASE RETURN COMPLETED FORM TO THE COMMUNICATIONS DEPT.
503-614-1252 | mstenberg@nwresd.k12.or.us

Northwest Regional ESD
Employee Giving Program via Payroll Deduction
Recipient: The G.A.P.S. Foundation
Agreement Form

The Northwest Regional Education Service District (NWRESD) provides an opportunity for employees to make a single, one-time donation or enroll in an ongoing monthly donation program, through payroll deduction to benefit the agency's supporting Foundation: The G.A.P.S. Foundation. The Foundation is a fully qualified 501(c)(3) non-profit/Tax ID 20-5449967.

This form authorizes NWRESD to make the payroll deduction indicated below. If you wish to make changes to the payroll deduction, please use this form again, indicating the change or cancellation via the check boxes.

Name: _____ Employee I.D. NO. _____

Home Address: _____ City/State/Zip: _____

PLEASE SELECT THE BOX THAT APPLIES:

- I am making a single, one-time donation from my _____ paycheck.
(month)
- I am enrolling in a new, monthly giving program. I will make ongoing monthly contributions until I submit a new form to change or discontinue my gift.
- Please **change** my previous monthly giving program, per the information below.
- Please **discontinue** my previous monthly giving program.

I authorize NWRESD to deduct \$ _____ from my paycheck (according to the method indicated by the check box above), as a donation to The G.A.P.S. Foundation. I understand that the Foundation will generate a giving statement by February 1 of each year.

By signing below, I verify my full understanding and compliance with all the items above.

Employee Signature

Date