



FORT SMITH PUBLIC SCHOOLS

Foundation, Inc.

PAYROLL DEDUCTION FORM

Social Security Number _____

Name _____
(Last) (First) (M.I.)

Street Address _____

City _____ State _____

Zip Code _____ Phone () _____

PAYROLL DEDUCTION *(FSPS Employees only)*

I authorize my employer to deduct per pay period:

\$20 \$15 \$10 \$5 \$1

other \$____per paycheck for a yearly total of \$____(even amounts only)

Increase my current pledge to

Continue my current pledge

Terminate my current pledge

The Fort Smith Public Schools Foundation, Inc. is an independent, non-profit corporation which was created to enhance the quality of education in Fort Smith Public Schools by providing the necessary dollars for programs not otherwise funded by the Fort Smith Public School District.

ONE TIME GIFT

I have attached a one time donation \$ _____

Fort Smith Public Schools Foundation, Inc.
P.O. Box 1932 • Fort Smith, AR 72902 • (479) 785-2501
Contributions are tax deductible

Keep this stub. This stub will document to the IRS that your gift to the FSPSF affirms that no goods or services were provided in exchange for donations

Name _____ Contribution _____