



Wichita Public Schools EMPLOYEE DONATION FORM

Gift Funds Established with the Wichita Community Foundation
www.usd259.com/community/educationedge

_____ *Last Name, First Name* _____ *Location* _____ *Employee Number*

How would you like to be listed in the annual report? _____
(Please Print)

I wish to contribute to the **Education EDGE**, the Wichita Public Schools Gift Fund(s) established with the Wichita Community Foundation. I understand that 10 percent of my donation will be designated for Endowment within the selected fund(s). This Endowment will ensure a legacy for the future.

Standard of Excellence for Giving		
<u>Giving Levels</u>	<u>Amount</u>	<u>Monthly Payroll Deduct</u>
Valedictorian	\$50,000.00 +	
Leader	\$25,000.00 to \$49,999.99	
Honor Roll	\$10,000.00 to \$24,999.99	\$833.34 + total per month
Scholar	\$5,000.00 to \$9,999.99	\$416.67 to \$833.33 total per month
All-City	\$2,500.00 to \$4,999.99	\$208.34 to \$416.66 total per month
Captain	\$1,000.00 to \$2,499.99	\$83.34 to \$208.33 total per month
Patron	\$500.00 to \$999.99	\$41.67 to \$83.33 total per month
Mentor	\$100.00 to \$499.99	\$8.34 to \$41.66 total per month
Friend	\$1.00 to \$99.99	up to \$8.33 total per month

----- AUTOMATIC PAYROLL DEDUCTION -----

I authorize my employer to withhold the following amount from my **first pay check of each month**:

Please distribute as follows:

- I wish to contribute \$ _____ per month to the Athletics Gift Fund
- I wish to contribute \$ _____ per month to the Fine Arts Gift Fund
- I wish to contribute \$ _____ per month to the Classroom Mini-Grants Gift Fund
- Total contribution \$ _____ per month to Education EDGE

I understand my payroll deduct pledge will be distributed as indicated above each month paid beginning September 1, 2008. This Payroll Deduction will continue until I give written notice (two weeks in advance) of my withdrawal from the plan.

_____ *Signature of Employee (Please Sign)*

_____ *Date*

----- SINGLE CONTRIBUTION -----

I am enclosing a check for my 2008-2009 contribution. Check Total: \$ _____ (Make payable to Wichita Community Foundation)

Please distribute as follows: Athletics Gift Fund _____ Fine Arts Gift Fund _____ Mini-Grants Gift Fund _____

Gifts to the **Education EDGE** are deductible to the extent allowed by law. Employee giving is voluntary and staff members are not required to return this form. If you have questions about the **Education EDGE**, please call 973-7945. Please return your **Education EDGE** donation form to the Wichita Public Schools Grants & Development Services Office, Joyce Focht Instructional Support Center. *Thank you!*

YOUR GIFT MAKES A DIFFERENCE FOR OUR STUDENTS & TEACHERS—THANK YOU!

