

Dear Valued Staff Member of Spokane Public Schools:

The Spokane Public Schools Foundation (SPSF) was founded in 2006 by local public education supporters – parents, alumni, business leaders, school district retirees, and members of the community – who understood the value of a strong public school system.

Presently, the sole purpose of the Foundation is to provide grants to educators and their students through a streamlined application process. Recently the SPSF's two fundraisers provided more than \$40,000.00 in grants to educators in values ranging from \$200 to \$2,500. The Foundation wants to provide even more support for you and your students – the professionals doing the work with our community's children – and we are enlisting you in our mission (journey).

The SPSF needs your support and a monthly contribution to ensure that we can continue to expand our grant awards and support activities. As we approach community members and businesses for monetary support, we will be able to share the strong, positive response of Spokane Public Schools staffs' contributions to the Foundations efforts for student success.

To start a monthly contribution through a payroll deduction in support of our students, please complete and return the form below to the district's Payroll Department. Optionally, you can find this form at this link: <http://weba.spokaneschools.org/staffforms/>. The amount that you contribute is up to you, every dollar counts.

Sincerely



Katie Scofield

President



Sam Song

Vice President



KC Constable

Past President



To: Spokane Public Schools Authorization for Spokane Public Schools Foundation Payroll Deduction

I authorize Spokane Public Schools to make the following deductions from my warrant each payroll period during my employment with the District and to transit the same to the Spokane Public Schools Foundation, P.O. Box 1002, Spokane, WA 99201. I understand that this authorization remains in effect until revoked by me in writing. I further understand that I have the right to revoke this authorization at any time in writing.

Authorized monthly amount: _____ \$3 _____ \$5 _____ \$7 _____ \$10 _____ \$20 _____ Other

Name (please print) _____ Signature _____

Employee I.D. Number _____

Home phone/email (optional) _____

Home address (optional) _____

Please send to Payroll Department, Spokane Public Schools, 200 North Bernard Street, Spokane, WA 99201-0282

Note: Authorization forms must be received in the payroll office by the tenth of the month to be processed for deduction from the current month's payroll warrant. Authorization received after the tenth of the month will be processed for the following payroll warrant.

Optional information is for SPSF use only and will not be used by Spokane Public Schools