



BUCK-A-MONTH CLUB

Request for Payroll Deduction

You are hereby authorized to deduct:

\$5 \$10 \$15 \$20 Other: _____

per month from my salary for the Rising Stars Foundation,
beginning with _____ (month/year) payroll.

Employee Name (please print)

Employer

Signature

Date

Email Address

Work Phone Number

Choose one option below:

_____ Please direct my donation to where it is needed most.

_____ Please direct my donation to one or more of the following:

- | | |
|---|---|
| <input type="checkbox"/> Young Artists Fund | <input type="checkbox"/> Academic Stars Fund |
| <input type="checkbox"/> Career & Technology Fund | <input type="checkbox"/> Young Entrepreneurs Fund |
| <input type="checkbox"/> Health & Fitness Fund | |

After completing, please send to your district Business Office.

Thank you very much for your support.