**Helena Education Foundation**

**HPS District Employee Payroll Deduction Form**



Thank you for utilizing payroll deduct to support the Helena Education Foundation; we are truly grateful for your support of our programs!

Please complete this form and return it to Janelle Mickelson via interoffice mail at the May Butler Center, email it at jmickelson@helenaschools.org or fax it to her at 324-2045.

**About You:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of SSN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gift Amount**:

Please check or write in how much you would like to donate per pay period

\_\_\_\_\_\_$5 \_\_\_\_\_\_\_$10 \_\_\_\_\_\_\_$15 \_\_\_\_\_\_\_$20 \_\_\_\_\_\_\_\_ $25\_\_\_\_\_\_\_ $50 \_\_\_\_\_\_\_\_\_Other

Number of Pay Periods:

Please check or write in how many pay periods you would like processed with your payroll deduction

\_\_\_\_\_\_1 \_\_\_\_\_\_10 \_\_\_\_\_\_12 *(1 month is a one-time gift)*

**Other:**

Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for all you do to support Helena Public Schools!**

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