

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

Payroll Unit

VOLUNTARY PAYROLL DEDUCTION FORM

GTN 246

SANTA MONICA-MALIBU

Education Foundation

New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/>	
PRINT LAST NAME, FIRST NAME, MIDDLE INITIAL	SOCIAL SECURITY NUMBER
NAME OF SCHOOL DISTRICT WORK SITE	WORK TELEPHONE NUMBER
MONTHLY AMOUNT (10 month): New: \$ _____ Change: From: \$ _____ To: \$ _____	EFFECTIVE DATE:

I hereby authorize SMMUSD to make monthly deductions in the amount above and forward them to the Santa Monica-Malibu Education Foundation. The Santa Monica-Malibu Education Foundation is a public 501(c)(3) non-profit organization, Tax ID # 95-3787674. Donations are deductible to the full extent allowed by law. SMMEF acknowledges that the donor has not received goods, services or privileges in consideration for this donation.

I agree to hold harmless and indemnify the district and its officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence for failure or delay in making corrections as herein authorized.

This authorization replaces any previously made by me and is to remain in effect until changed or cancelled by submission of a new authorization.

Signature of Employee X	Date Signed
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You may publicly acknowledge my gift: Yes No

If yes, please indicate how you would like to be listed on the SMMEF Honor Roll of Giving and for public recognition:

_____ (please print)

For Payroll Use Only:

PROCESSED BY:	DATE:
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