



Payroll Unit – VOLUNTARY PAYROLL DEDUCTION FORM

New _____ Change _____ Cancel _____		
PRINT LAST NAME, FIRST NAME, MIDDLE INITIAL		SOCIAL SECURITY NUMBER
MAILING ADDRESS		HOME/CELL PHONE NUMBER
NAME OF SCHOOL DISTRICT WORK SITE		WORK PHONE NUMBER
<i>Instructions: Enter a dollar amount in EITHER the Santa Monica Ed Foundation box or the Malibu Non-Profit box. You may also enter an amount in BOTH boxes to split your donation.</i>		
<p style="text-align: center;">Santa Monica Ed Foundation (benefitting Santa Monica schools only)</p> <p>MONTHLY AMOUNT (10 months)</p> <p>New: \$ _____</p> <p style="text-align: center;">- or -</p> <p>Change: from: \$ _____ to: \$ _____</p>	<p style="text-align: center;">Malibu Non-Profit (benefitting Malibu schools only)</p> <p>MONTHLY AMOUNT (10 months)</p> <p>New: \$ _____</p> <p style="text-align: center;">- or -</p> <p>Change: from: \$ _____ to: \$ _____</p>	<p>PAYROLL DEDUCTION EFFECTIVE DATE:</p>

I hereby authorize SMMUSD to make monthly deductions in the amount above and forward them to the appropriate designated fundraising entity or entities marked above. The Santa Monica Education Foundation (Tax ID # 95-3787674) and the Malibu Non-Profit are public 501(c)(3) non-profit organizations. Donations are deductible to the full extent allowed by law. The Santa Monica Ed Foundation and Malibu Non-Profit acknowledge 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

Date Signed

You may publicly acknowledge my gift: Yes _____ No _____

If yes, please indicate how you would like to be listed on the Santa Monica Ed Foundation/Malibu Non-Profit Honor Roll of Giving and for public recognition:

_____ (please print)

PROCESSED BY:	DATE:
---------------	-------