



**BUILDING DREAMS
CHANGING LIVES
EMPOWERING FUTURES**

MISD EMPLOYEE GIVING CAMPAIGN PAYROLL DEDUCTION FORM

FIRST NAME: _____ MIDDLE INITIAL: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYEE ID# _____ Campus: _____

New Payroll Deduction Donor

I hereby authorize the McKinney Independent School District to make payroll deductions to the McKinney Education Foundation as directed below. This authorization supersedes any previous authorization and is to remain in effect until written notification is made effecting a change. The amount selected below will be deducted from each paycheck.

\$25

\$5

\$10

Other Amount \$ _____

My spouse's employer will match my gift

Signature: _____ Date: _____

Please return this form to Marti Eger: MEFInfo@mckinneyisd.net or
inter-office to Greer, attention MEF.

Thank you for your donation.

*The McKinney Education Foundation is a 501(c)(3) non-profit organization
dedicated to enhancing educational opportunities in the McKinney Independent School District.
Contributions are tax deductible as defined by the Internal Revenue Service.*