

EMPLOYEE DONATION – AUTOMATIC PAYROLL DEDUCTION FORM

Last Name: _____ First Name: _____

I wish to support the Educational Excellence Foundation of Owen County (EEFOC) by contributing through automatic payroll deduction as an Owen County, KY Schools employee.

Please deduct \$ _____ per pay period until further notice provided in writing.

Please deduct \$ _____ per pay period for the current school year. At the end of the school year, the deduction will be removed unless a new payroll deduction form is submitted.

If you wish to make a ONE-TIME ONLY donation by cash or check, please mail this form along with the donation to the EEFOC at PO Box 593, Owenton, KY 40359.

Signature: _____ Date: _____

- Donations are allowable as Charitable Contributions for tax purposes. Please remember to retain a pay stub to document contribution when filing taxes.
- This form is ONLY to be used for contributions to the Owen County Educational Excellence Foundation of Owen County.

PLEASE SUBMIT COMPLETED FORM TO KATHY FAULKNER OR CHRISTY RICKETTS AT THE OWEN COUNTY BOARD OF EDUCATION LOCATED AT 1600 HIGHWAY 22E, OWENTON, KY 40359