



PAISD Payroll Deduction Form

PAEF welcomes your contribution which can be deducted monthly from your paycheck. Please indicate the amount you wish to donate to PAEF from your paycheck and return to the PAISD Administrative offices.

Name: _____ Campus: _____

Please deduct: \$5/month \$10/month \$15/month \$20/month
 A one-time donation of \$ _____

Signature: _____ Date: _____

Thank you for your generous participation! It is greatly appreciated!