

# Maypearl Independent School District

*“A Superior Learning Community”*

## Maypearl Education Foundation Contribution Agreement

### OPTION 1

I would like to contribute to the Maypearl Education Foundation on a monthly basis through payroll deduction.

\$\_\_\_\_\_ Monthly amount to be deducted

### OPTION 2

I would like to make a one time contribution to the Maypearl Education Foundation.

\$\_\_\_\_\_ One time amount to be deducted from \_\_\_\_\_  
List pay period month

If you wish to designate your contribution to one or more of the following individual scholarships please list the amount in the blank space.

\_\_\_\_\_ **Andy Austin Memorial**

\_\_\_\_\_ **Charles Hicks Memorial**

\_\_\_\_\_ **Lisa Miller Memorial**

\_\_\_\_\_ **Connie Perdue Memorial**

\_\_\_\_\_ **WG Roesler Scholarship**

\_\_\_\_\_ **Mika Terry Scholarship**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please complete form and return to campus secretary by the 15<sup>th</sup> of the month you wish deductions begun.