

FUNDING THE FUTURE

Support the Tomball Scholarship Foundation



2018-19 Payroll Deduction Enrollment Form

Name _____

ID# _____

Campus/Department _____

I hereby authorize Tomball ISD to deduct the amount indicated below from my paycheck as a donation to the Tomball Scholarship Foundation. I understand that this amount will be deducted from EACH OF MY PAYCHECKS (twice a month) and will continue to be deducted, unless I notify Tomball ISD HT Specialist Juanita Ward at juanitaward@tomballisd.net in writing to stop the deduction.

AMOUNT OF DEDUCTION (TWICE A MONTH)

\$10 _____ \$5 _____ \$2 _____ \$1 _____

SIGNATURE

DATE

Please submit only one form if you'd like your deduction to remain at the same level from year to year. If you would like to change the amount of your deduction, you will be asked to submit a new form indicating the new amount to be deducted.

PLEASE RETURN THIS FORM TO:

Juanita Ward, Tomball Human Talent Department

For questions, please contact: juanitaward@tomballisd.net or call 281-357-3100 ex. 2012