



School District of New Glarus

P. O. Box 7
1701 Second Street
New Glarus, WI 53574

District: (608) 527-2410
Fax: (608) 527-5101
www.ngsd.k12.wi.us

PAYROLL DEDUCTION AUTHORIZATION

TO: NEW GLARUS COMMUNITY FOUNDATION –
EXCELLENCE IN EDUCATION FUND C/O COMMUNITY
FOUNDATION OF SOUTHERN WISCONSIN

I hereby authorize you to make deductions from my regular monthly salary or wages amounting to \$_____ each month for the purpose of the Excellence in Education Fund. Note that this fund is a tax-deductible charitable contribution.

Start: Month/year _____ End: Month/year _____

Print name of Employee: _____

Signature of Employee: _____

Date: _____

NOTE: Please fill out this form and return them to Nita Duerst by the first day of the month for the deduction to be taken in that month.