



MONTE VISTA SCHOOL DISTRICT  
PAYROLL DEDUCTION/CONTRIBUTION AUTHORIZATION

Name: \_\_\_\_\_

I authorize the following amount to be deducted from my paycheck each month as a donation to the Monte Vista Education Foundation.

\$10/month       \$5/month      other amount \$ \_\_\_\_\_

This authorization will remain in effect until I make a change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ALL DONATIONS MADE TO THE MONTE VISTA EDUCATION FOUNDATION ARE TAX EXEMPT  
UNDER THE FOUNDATION'S 501(c)(3) STATUS. Consult your tax accountant or attorney for  
further details about possible tax benefits.**