

THOMAS COUNTY SCHOOLS

Backpack Buddies Donation

Name _____ School _____

Home Address _____

City _____ State _____ Zip _____

I authorize the Thomas County School System to withhold the amount indicated below from my monthly paycheck for a tax deductible contribution to support the Backpack Buddies Program.*



- | | |
|---|---|
| <input type="checkbox"/> \$5 per month | <input type="checkbox"/> Other amount _____ |
| <input type="checkbox"/> \$10 per month | <input type="checkbox"/> <i>Please discontinue my Backpack Buddies deduction beginning on next available payroll cycle.</i> |
| <input type="checkbox"/> \$20 per month | |

Signature _____

Date _____

**Your contribution will continue from year to year until you request, in writing to the Payroll Department, that the deduction stop.*