



Name: _____

Building: _____

I would like to become a *Friend of the Foundation*. I authorize the Armstrong School District to make a payroll deduction, as indicated in the box below, to be donated to the Armstrong School District Foundation, starting immediately. (To end payments, please contact the Payroll Office)

Signature: _____

Please send your payroll deduction enrollment via school mail to:

Armstrong School District Foundation, Administration Office

As a charitable, non-profit organization, your contributions are tax deductible.

We thank you for your generosity and contribution!!

I prefer to make a one time-donation in the amount of \$_____.

I prefer to become a lifetime donor in the amount of \$_____ per pay, for as long as I remain an employee of the ASD.

Signature: _____