Voluntary Payroll Deduction Authorization Form
For Charitable Contributions to the Nassau BOCES Educational Foundation

To contribute, please complete this form, print, sign and return it to the Payroll Department.

Name (Please Print)_____ Employee ID _____

Address_____

Town / City_____ State_____ Zip Code_____

Phone contact information_____

I would like to donate to the Nassau BOCES Educational Foundation through a payroll deduction in the following manner:

- ○ **Please deduct $1.00 each pay period.**
- ○ **Please deduct $5.00 each pay period.**
- ○ **Please deduct OTHER $_____each pay period.**
- ○ **Please deduct $_____ as a one-time donation ONLY. Please specify exact pay period. _____**

I hereby request and authorize the Board of Cooperative Educational Services of Nassau County to deduct the amount stated above from my paycheck as a charitable contribution to the Nassau BOCES Educational Foundation. I understand that this deduction will begin immediately and continue until I notify the Board of Cooperative Educational Services of Nassau County IN WRITING, that I no longer wish to donate to the Nassau BOCES Educational Foundation.

Employee Signature: _____

Date: _____