



Support the North Kitsap Schools Foundation with a monthly payroll deduction!

Your contribution goes directly to grants for materials, experiences and programs that enrich educational opportunities for NKSD students.

EMPLOYEE PAYROLL DEDUCTION FORM

Name:						
Mailing Address:						
City, State, Zip Code:						
Phone:	_Email:					
Personal Email:						
School/Department:						
I authorize the North Kitsap School District to	deduct:	\$10	\$25	Other: \$		
from each pay period for the benefit of the N	lorth Kitsa	p Schools	Foundati	on. This author	ization may be	
canceled or revised by me with written notic	e to the No	orth Kitsa	p School I	District Finance	Office by the 10	ιh
day of any month.						
Signature		Da	nte			

Please send this signed form to the Payroll Department.

You are the *cornerstone* of the NK Schools Foundation. Thank you for your contribution! All donations are tax-deductible. NKSF is a 501(c)3 - Tax ID #: 68-0512224

Donations may also be made online at: www.nkschoolsfoundation.org or by mail at:

North Kitsap Schools Foundation PO Box 1702 Poulsbo, WA 98370

Strong schools = Strong communities