

Alpine School District Foundation
"Finding Resources to Enrich Our Children's Education"

I wish to make a contribution to the Alpine School District foundation by payroll deduction in the amount of \$ _____ per month.
(\$2.50, \$5.00, \$10.00, \$25.00, \$35.00, other)

Please check: New Enrollment Change in Amount New Location Change In Designation

This contribution will continue until revoked by me in writing. Date _____

Signature _____ Previous Location _____
Current Location _____

Name to be printed on plaque _____ please print Social Security # _____

Address _____

City _____ State _____ Zip Code _____

School Budget My Classroom
 Foundation Budget Other _____