## Madrid-Waddington Central School











I want to participate in Dress Down Fridays. My donation will go towards supporting the MWCS Scholarship Fund. I understand contributions are tax deductible to the extent allowed by current law and that I may cancel at any time by giving MWCS written notification two weeks before termination of your donation.

| Signature   | Date  | _       |
|---|---|---------|
|   |   |         |
| Employee first and last name                                    | _   |         |
| This contribution will continue until such time that MWCS r     | receives written notice of cancellation.      |         |
| YES, I authorize a regular automatic deduction of \$chool year. | _ per (20) paychecks for a total of \$        | for the |
| YES, I authorize a regular automatic deduction of \$3 per (20   | ) paychecks for a total of \$60 for the schoo | l year. |
| YES, I authorize a regular automatic deduction of \$2 per (20   | ) paychecks for a total of \$40 for the schoo | l year. |
| Please circle one option from the following:                    |   |         |

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