

**Jackson-Madison County Schools Imagination Library
Donation Form**

**Privacy Statement: This information will not be used for any purpose other than the
Imagination Library.**

Yes! I would like to make a donation through payroll deduction to support the
Imagination Library program.

Employee Name: _____

School Location: _____

Employee Number: _____ (see paycheck/deposit slip for #)

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature/Date form completed: _____

A contribution in any amount is appreciated!

The amount selected would be for each pay period!

Complete the form above and
forward the request to:
Jackson-Madison County Finance Department:
701 South Highland
Jackson, TN 38301
(731) 554-3800

Thank you!

Per Pay Period Amount

_____ \$1.00

_____ \$5.00

_____ \$10.00

_____ \$15.00

_____ \$20.00

_____ Other

To Discontinue Deductions!

Please sign and date request to discontinue my deduction:

x _____

For a 1 time donation please make check payable to:

**Imagination Library
P.O. Box 1904
Jackson, TN 38302-1904
Attn: Shirley Jones**