



It is the mission of the OPS Foundation to secure and grant funds to encourage innovative opportunities for students of the District that is world class, inspiring our students to be problem solvers and to be highly competitive in a global economy.

EMPLOYEE CONTRIBUTION FORM

Every line must be completed. Make sure to sign and date the deduction form. Return the completed and signed form to Becky Hartnagle in Payroll.

Employee Information:

Full Name _____

Address _____ City _____ State _____ Zip _____

Please check one: Payroll Deduction _____ One-Time Contribution _____

Donation \$ _____

If you wish to utilize payroll deduction, please contact Becky Hartnagle, Payroll Specialist at ext. 5673. Becky will assist you in calculating your per pay deduction amount based upon the payroll schedule.

If you would like to make a one time contribution, please make a check payable to “Owosso Public Schools Foundation” for the amount desired. Attach your check to this form and return it to Becky Hartnagle in Payroll.

AUTHORIZATION: I certify the above information to be true to the best of my knowledge and authorize the payroll department to continue with this deduction until such time I notify the payroll department, in writing, that this deduction should be changed or terminated. I am aware that the Foundation is currently designated as a 501(c)(3) organization by the Internal Revenue Service. However, the amount and deductibility for my own personal tax return purposes should be verified based on current IRS rules, regulations and status.

Employee Signature _____ Date: MM/DD/YYYY _____

The OPS Foundation is grateful for the financial support of the teachers and staff of Owosso Public Schools, in addition to contributions by private donors. With this support, the Foundation will promote opportunities that will help our students achieve excellence.