

**AGREEMENT REQUESTING PAYROLL DEDUCTION FOR THE
FREEHOLD BOROUGH EDUCATIONAL FOUNDATION**

Please complete form and return **signed to Board Office**



NAME: _____

ADDRESS: _____

SCHOOL: _____

I wish to support the Foundation in its efforts to assure educational excellence in the Freehold Borough District in the amount of:

\$10.00 _____ \$5.00 _____ \$2.00 _____ other \$ _____ **per pay**

Signature of Employee