



Excellence Fund Payroll Deduction Authorization

ICCSFD Employee Name _____
Last name First name Middle Initial

I hereby authorize the Board of Directors of the Iowa City Community School District to withhold from my school district salary the following:

\$_____ each month (minimum \$5 per month), effective with my paycheck dated_____.
(month/year)

I would like to share recognition for this gift with my spouse/significant other:

Name _____
(Print your name(s) as you would like to be listed in our annual honor roll.)

Address _____

City/State/Zip _____

Phone _____ Email _____

I reserve the right to revoke this authorization in writing at any time.

Employee Signature Date

Return this completed form to the ICCSD Foundation office at the ESC via campus mail or send to the address below. Thank you for your support!

Iowa City Community School District Foundation
1725 N Dodge St
Iowa City, IA 52245
Phone (319) 688-1012