



Tahoma Schools Foundation Payroll Withholding Authorization

I, _____, authorize my employer,
Tahoma School District, to withhold: \$5 \$10 \$25 Other: _____
per monthly pay period from my earnings in order to make a contribution to the
Tahoma Schools Foundation. I understand that this donation will be made monthly
until I otherwise notify the District in writing.

Signature: _____ Date: _____

Please return this form to the TSD Payroll Office at Central Services Center.