

GIVING OPPORTUNITIES

Please choose from the following options:

Easy Payroll Deduction (choose option A or B)

A. I pledge one hour's pay per month: \$ _____
List Hourly Amount

B. I pledge per pay period \$ _____, or choose amount below:

\$50 \$25 \$20 \$15 \$10 \$5

Sylacauga City Schools



College Career Community

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 Other ways to Give (choose option A or B)

I pledge \$ _____ to be paid by:

A. Personal Check (attached & made payable to SCS Foundation)

B. Cash (attached)

Thank you!

Sylacauga City Schools

Foundation

605 West Fourth Street

Sylacauga, AL 35150

256-245-5256

DONOR INFORMATION

Mr/Mrs/Ms/Dr

First Name

M.I.

Last Name

Home Address

City

State

Zip

Phone

Email Address

School Name

Signature (my signature authorizes my pledge)

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