



LAWRENCE TOWNSHIP
Education Foundation
Funding Excellence in Education

LTEF Faculty/Staff Contribution Program 2014-2015

I choose to donate through the LTPS Payroll Deduction Program:

I pledge participation in the payroll deduction program in the amount of:

___ \$2.50 per pay

___ \$5.00 per pay

___ \$10.00 per pay

\$ _____ per pay

I currently participate in payroll deduction and I will increase my contribution to:

\$ _____ per pay

Signature: _____

My check payable to LTEF is enclosed.

Name: _____ School _____

Home Address: _____

City: _____ State: _____ Zip: _____

Payroll deductions are administered by the LTPS Payroll Department. The pledge will remain in effect until such time as the employee authorizes a change. All donations are tax deductible and will be acknowledged as such.

Questions? Contact Ivy Cohen at ivy@ltefnj.org or 609- 219-0340

***Please complete this form by **November 1** and send to LTEF via inter-office mail
or mail directly to
LTEF* PO Box 6531* Lawrenceville, NJ 08648 or
donate online at www.ltefnj.org***

THANK YOU FOR YOUR SUPPORT