



LAWRENCE TOWNSHIP
Education Foundation
Funding Excellence in Education

LTEF Faculty/Staff Contribution Program 2017-2018

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

Signature: _____

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 Karen Faiman at karen@ltefnj.org or 609- 219-0340

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

THANK YOU FOR YOUR SUPPORT