

# OTSEGO PUBLIC SCHOOLS FOUNDATION PAYROLL DEDUCTION

All **tax-deductible** donations will be used to fund student Scholarships and Excellence in Education Grants for staff.

**No minimum donation** **Year end receipt** **Participation credit**

I will participate in the payroll deduction program designating the Otsego Public Schools Foundation.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Amount per pay period \$ \_\_\_\_\_

\_\_\_\_\_ I would like to make a one time donation please contact me.

**Please return this card to your building office.**

Questions call **343-6614**      **[www.opsfoundation.org](http://www.opsfoundation.org)**