



Hattiesburg Public School District Foundation 2020-2021 HPSD Employee Support Form

MY PERSONAL INFORMATION

Name _____

Home Address _____

School/Department _____ Email Address _____

Check here if you do NOT wish to have your donation recognized in public.

MY PLEDGE INFORMATION

I authorize HPSD to deduct \$_____ each pay period.

My pay period is: Monthly Semi-Monthly

I authorize HPSD to deduct \$_____ one time only.

I do not want to have a payroll deduction but would like to contribute to the HPSD Foundation.
(Please attach a check or money order payable to "HPSD Foundation".)

**THANK YOU
FOR YOUR
GENEROUS SUPPORT!**

SIGNATURE (REQUIRED)

Sign Name _____ Date _____

DESIGNATION

I want my donation to be applied to the following Foundation funding area (not required):

Where the Need is Greatest Early Childhood/School Readiness

Student Scholarships Arts & Athletics Grants to Faculty and Staff

TELL ME MORE

Please add me to the Foundation's email list for occasional news updates.