



Donor Payroll Deduction  
Murray County School System

Thank you for your contribution to the Murray County Schools Foundation. Your tax-deductible donation will help support many educational and innovative opportunities for our staff and students.

---

First & Last Name

\_\_\_\_\_

School

I authorize the Murray County School System to deduct the amount listed below from my monthly salary. If I choose to cancel my deduction, I will notify the payroll department in writing.

Monthly Contribution: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

New Enrollee

Change in Deduction Amount