

Wimberley Independent School District

951 FM 2325
Wimberley, Texas 78676

Phone: 512/847-2414
Fax: 512/847-2142

www.wimberleyisd.net

MONTHLY CONTRIBUTION - Minimum Monthly Deduction \$3.00

I hereby authorize my employer, Wimberley Independent School District, to deduct \$_____ **each payroll period** beginning **September 2019**. This payroll deduction will conclude following the August, 2020 pay period. This deduction will be distributed to the Wimberley Education Foundation on my behalf.

ONE-TIME CONTRIBUTION – Minimum One-Time Deduction \$36.00

I hereby authorize my employer, Wimberley Independent School District, to deduct \$_____ from my **September 2019** paycheck. This payroll deduction is a **one-time deduction**. This deduction will be distributed to the Wimberley Education Foundation on my behalf.

Employee's Printed Name

Employee's Signature

Date

Campus

Size

Please return this form to Linda Corbitt, Central Office.

