

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ School/Building _____

One-Time Donation Option:

Gift amount: \$ _____

Method of Payment:

☐ Check enclosed

☐ Credit Card

☐ MasterCard ☐ Visa ☐ Discover

Card Number _____

Expiration: Month/Year _____

Signature _____

or

DONATE ONLINE AT
www.fargoschoolsfoundation.org

Gift Designation:

☐ Critical Needs Program (i.e. Milk & Elementary Snack, School Wide Critical Needs, MS/HS Pantries, Husky Hutch)

☐ Milk & Elementary Snack ☐ Critical Needs ☐ MS/HS Pantries
☐ Husky Hutch

☐ District Wide or School Designation: _____

☐ Innovative Education Grants

☐ Greatest Need This Year

☐ Designated Scholarship

Please list: _____

☐ School, Program, or Classroom Donation

Please list: _____

Payroll Deduction Options:

1. Bi-Weekly Payroll: [18 installments from 09/20/2024-05/16/2025]

I authorize the Fargo Public School District to deduct \$ _____ from each paycheck for a total gift of \$ _____ to the Fargo Public Schools Foundation.

2. Monthly Payroll: [9 installments from 10/2024-6/2025]

I authorize the Fargo Public School District to deduct \$ _____ from each paycheck for a total gift of \$ _____ to the Fargo Public Schools Foundation.

Fargo Public School District Badge I.D. #: _____

Signature _____

Print name: _____

Date: _____

To take advantage of the payroll deduction option, please return this form to the FPS Development Foundation **by September 13th, 2024**. The original of this form will be submitted to the payroll department. Please make a copy for your records.

Return form via inter-school mail, we are located in the District Office, or mail to:

Fargo Public Schools Foundation, 700 7th Street S, Fargo, ND 58103.

● Phone: 701-446-1041 ● Email: fpsfound@fargo.k12.nd.us

100% OF EMPLOYEE PAYROLL DEDUCTIONS GO DIRECTLY BACK TO YOUR DESIGNATION!