

2025 Fargo Public Schools Foundation Employee Giving



Name	
Mailing Address	
CityState	Zip
Email	
Phone School/Building	
One-Time Donation Option:	Gift Designation:
Gift amount: \$	☐ Critical Needs Program (i.e. Milk & Elementary Snack
Method of Payment:	School Wide Critical Needs, MS/HS Pantries, Husky Hutch OMilk & Elementary Snack OCritical Needs OMS/HS Pantries
☐ Check enclosed	OHusky Hutch
☐ Credit Card	☐ District Wide or School Designation:
O MasterCard O Visa O Discover	☐ Innovative Education Grants
Card Number Expiration: Month/Year	☐ Greatest Need This Year
Signature	☐ Designated Scholarship
or or	Please list:
DONATE ONLINE AT	☐ School, Program, or Classroom Donation
www.fargoschoolsfoundation.org	Please list:
Payroll Deduction Options:	
I. Bi-Weekly Payroll: [18 installments from 09/19/2025 through 05/1	5/2026]
I authorize the Fargo Public School District to deduct \$f	rom each paycheck for a total gift of \$to the
Fargo Public Schools Foundation.	
2. Monthly Payroll: [9 installments from 10/2025-06/2026]	
I authorize the Fargo Public School District to deduct \$f	rom each paycheck for a total gift of \$to the
Fargo Public Schools Foundation.	
Fargo Public School District Badge I.D. #:	
Signature	
Print name:	
Date:	