

At the Heart of giving.



IOWA CITY
COMMUNITY
SCHOOL DISTRICT
FOUNDATION

“ Our goal as a District is to reach 100% staff participation in this campaign. We ask that you thoughtfully consider giving to our Foundation. No matter what the amount, your contribution can have a tremendous impact in the lives of the students we work with every day. ”

**~ Superintendent Stephen Murley
Iowa City Community School District**

Name(s): _____
(Please print your name(s) as you would like to be listed)

Address: _____

City, State, Zip: _____

ICCSD Building: _____

Telephone: _____ Email: _____

METHOD OF PAYMENT

Check enclosed for one time gift to the ICCSD Foundation
(Amount \$ _____)

ICCSD Payroll Deduction **(complete authorization below)**

Payroll Deduction Authorization

I hereby authorize the Board of Directors of the Iowa City Community School District to withhold from my school district paycheck the following:

\$ _____ each paycheck

ABC Sustainer's Circle Member

\$5.00 per month, total contribution \$60.00 per year

Signature: _____

Date: _____

Return completed form to Ann Thomas at the ESC by December 14, 2018.

thank you!