

2016-17 Staff Campaign

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

Address: _____

City, State, Zip: _____

ICCSA Building: _____

Telephone: _____ Email: _____

METHOD OF PAYMENT

- Check enclosed for one time gift to the ICCSD Foundation (**Amount \$** _____)
- Check enclosed for one time gift to United Way (**Amount \$** _____)
- ICCSD Payroll Deduction (**complete authorization below**)

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

ICCSA Foundation

\$ _____ each paycheck over _____ Total contribution \$ _____
(# of pay periods)

United Way of Johnson & Washington Counties

\$ _____ each paycheck over _____ Total contribution \$ _____
(# of pay periods)

I reserve the right to revoke this authorization at any time.

Signature: _____ Date: _____

Return completed form to Kari Cornwell at the ESC by December 9, 2016.

one
District.
one
Community.
one
GOAL.

“ Our goal as a District is to reach 100% staff participation in this campaign. We ask that you consider giving \$1.00 per month, per organization. That is \$24.00 per year that can have a tremendous impact in the lives of the students we work with every day. ”

~ Stephen Murley
Superintendent of Schools

Thank you for your support!



IOWA CITY
COMMUNITY
SCHOOL DISTRICT
FOUNDATION

1725 North Dodge Street
Iowa City, IA 52245
E-mail: foundation@iowacityschools.org
Phone: (319) 688-1012
Fax: (319) 688-1013
Online Giving: www.iccsdfoundation.org



1150 5th Street, Suite 290
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E-mail: info@unitedwayjwc.org
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Online Giving: www.unitedwayjwc.org