

ATHENS CITY SCHOOLS FOUNDATION

PAYROLL DEDUCTION FORM

Name _____
Last Name First Name

School _____

Social Security Number _____ - _____ - _____

Employee Number (if available): _____

**I hereby pledge the following amount to the
Athens City Schools Foundation:**

The Black & Gold Boosters:

- \$24 (\$2.00 per month) - Patron
- \$36 (\$3.00 per month) - Friend
- \$60 (\$5.00 per month) - Spirit Booster
- \$120 (\$10.00 per month) - Golden Eagle Booster
- \$180 (\$15.00 per month) - Student Booster
- \$240 (\$20.00 per month) - Teacher Booster
- \$300 (\$25.00 per month) - Classroom Booster

- \$350 (\$30.00 per month) - Scholastic Booster
- \$420 (\$35.00 per month) - B Honor Roll
- \$440 (\$37.00 per month) - A Honor Roll
- \$480 (\$40.00 per month) - Salutatorian
- \$540 (\$45.00 per month) - Valedictorian

The Leadership Circle:

- \$1,000 - \$3,999 - Principal's Council
- \$4,000 - \$6,999 - Superintendent's Council
- \$7,000 - \$9,999 - Academic Council
- \$10,000 or above - Lifetime Council

Employee Signature: _____ **Date:** _____

- Please deduct the amount indicated above from my pay check beginning immediately and continue my contribution until I ask for it to be removed.
- I am attaching a check (single donation) for the full year.



Please return this form to Beth Patton at the Central Office.