



**Clarksville-Montgomery County Schools
United Way Campaign**



The payroll check dates that the deduction will start are as follows:
 May 5 - Certificated Staff May 5 - Classified Staff May 31 - Administrators

Name _____ **CMCSS Work Location** _____ **Pay Periods Per Year** _____

Home Address _____

Email Address (optional) _____

My one-time gift is \$ _____ **Cash** _____ **Check** _____
 or

Payroll deduction in the amount of \$ _____ per pay period \$ _____ annual total amount

(Contributions via payroll deduction must be split evenly across all pay periods per year. You cannot make a one-time payroll deduction.)

Please complete for payroll deductions:

I authorize payroll deductions from my CMCSS payroll as shown above:

Signature _____ **Date** _____ **Employee ID #** _____

Area of Support:

Education, Healthcare, or Income _____ or _____ **Program Name:** _____
 (Optional) (Optional)

3/1/2022 FOU-F002



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