



FOR OFFICE USE ONLY:		
Date Received	_____	
Payroll _____	Total Amount \$	_____
One Time _____	Check # _____	Cash _____

*Your gift* will make a difference for students and teachers in the Griffin-Spalding County School System

[www.supportspaldingschools.org](http://www.supportspaldingschools.org)

Please choose one of the following two options for gift-giving:

- OPTION ONE:** I wish to pledge \$ \_\_\_\_\_ by automatic payroll deduction each monthly pay period, January-December. \$ \_\_\_\_\_ per year, to be deducted from payroll in easy monthly installments.

Social Security Number, if choosing this option \_\_\_\_\_

*(kept confidential)*

– or –

- OPTION TWO:** I wish to make a one-time gift for this school year in the amount of \$ \_\_\_\_\_.

Check one:  Check (enclosed)  Cash (enclosed)  
 Bill me later. (Invoice will be sent to you at the mailing address below.)

*The Griffin-Spalding Education Foundation is a 501(c)3 not-for-profit organization, therefore all contributions are tax-deductible to the maximum extent of the law.*

– Please Print –

First Name	Middle Initial	Last Name
School/Facility	Work Phone Number	
Home Address Street	Suite/Box	
Mailing Address (if different from home address)		
City	State	Zip
Email Address		
Signature		

**DEDICATION OF YOUR GIFT** (optional):

I would like to dedicate my gift to: \_\_\_\_\_

(Please include first and last name.)

Choose one option:  In honor of  In memory of

- Please notify this individual of my dedication:  
 Anonymous

FOR OFFICE USE ONLY:
<input type="checkbox"/> <b>Notification Sent</b>
Date Sent: _____

Name \_\_\_\_\_ Relationship to honored/deceased \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Keep bottom copy and remit top two copies to the **GSEF, P. O. Box 1834, Griffin, GA 30224**