



# Alvord Cares

**RETURN THIS FORM TO THE SCHOOL DISTRICT OR SCHOOL SECRETARY**

New Contributor       Existing Contributor       Deduction Increase

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School/Facility/Department:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Deduction Amount Per Payroll:**

\$5.00       \$10.00       \$20.00

**Payroll Frequency:**       10 Times a year       11 times a year       12 times a year

**One time contribution to Alvord Unified School District in the amount of :**      Other: \_\_\_\_\_

**Signature** \_\_\_\_\_



**\*\*\*Return this Form to Payroll\*\*\***

*Donations will be used to purchase items to benefit homeless students in Alvord USD/Note: NO CASH will be given*