

Your donation to the areas of greatest need will allow DPS Foundation to fund vital initiatives for students. DPS Foundation supports afterschool programs, A to Z Fund Classroom Grants, Career & College Success, Community Hubs, and more to help to make sure every student, in every school, has the tools and resources to reach their highest potential.

## DONOR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Employee ID Number \_\_\_\_\_ Title \_\_\_\_\_  
School/Department \_\_\_\_\_  
DPS Email \_\_\_\_\_ Personal Email \_\_\_\_\_  
Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Mobile/Home Telephone \_\_\_\_\_ DPS Telephone \_\_\_\_\_  
☐ I am a DPS Alumnus School Name \_\_\_\_\_ Graduation Year \_\_\_\_\_  
☐ I am a DPS Parent Student School Name \_\_\_\_\_

## PAYROLL DEDUCTIONS

☐ I authorize the following payroll deductions to go to Denver Public Schools Foundation, deduction code: MDPS (based on 24 pay periods).

Start of Deduction: ☐ 1<sup>st</sup> Paycheck or ☐ 2<sup>nd</sup> Paycheck of \_\_\_\_\_ (month/year)

End of Deduction: ☐ Ongoing or ☐ 1<sup>st</sup> Paycheck or ☐ 2<sup>nd</sup> Paycheck of \_\_\_\_\_ (month/year)

☐ \$50 per pay period (\$1,200/year)

☐ \$10 per pay period (\$240/year)

☐ \$25 per pay period (\$600/year)

☐ \$5 per pay period (\$120/year)

☐ \$15 per pay period (\$360/year)

☐ Other: \$ \_\_\_\_\_ per pay period x 24 = \$ \_\_\_\_\_ /year

\*minimum of  
\$5.00 per pay  
period

I hereby authorize Denver Public Schools to make the following deductions from my wages for each pay period. This withholding should begin and end (as applicable) as indicated above. If a beginning date is not indicated, it is assumed to begin at the next payroll available. If an ending date is not indicated, it is assumed to be ongoing until I request a change. I understand that to revoke this authorization I must submit the revocation in writing to Denver Public Schools Foundation and that it will become effective after receipt and processing by Denver Public Schools. Nothing in this authorization shall be construed to limit the at-will employment relationship between myself and Denver Public Schools.

## PLEASE RETURN SIGNED FORM BY EMAIL

Email: [eshelby@dpsfoundation.org](mailto:eshelby@dpsfoundation.org)

Questions? Call 720-423-3745

## SIGNATURE

Your signature is required to authorize payroll deductions. A digital or handwritten signature is acceptable.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Thank you for your support. The Denver Public Schools Foundation is a 501(c)(3) nonprofit organization with EIN 84-1224325. Donations made to the DPS Foundation are tax-deductible to the full extent of the law. Please consult with your tax adviser about the tax-deductibility of your specific gift.

DPS FOUNDATION USE: Received By \_\_\_\_\_ Date \_\_\_\_\_ New \_\_\_\_\_ Change \_\_\_\_\_ Stop \_\_\_\_\_