



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

Teachers Giving to Teachers

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

Please choose one of the following two options:

OPTION ONE: I wish to pledge \$ _____ by automatic payroll deduction each monthly pay period, 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 Partners in Education 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	Phone Number	
Home Address	Suite/Box	
Mailing Address (if different from home address)		
City	State	Zip
Email Address		
Signature		

DEDICATION OF YOUR GIFT (OPTIONAL):

I would like to make my gift: In honor of _____
 In memory of _____
(Please include first and last name)

- Anonymous
 Please notify the individual below of my dedication:

Name	Relationship to honored/deceased	
Address		
City	State	Zip