



Inclusive Education and Community Partnership
Charitable Contribution Agreement

I, _____, authorize IECP to deduct
(your name)

\$5 \$10 Other Amount: \$_____ (Please enter dollar amount)

as a charitable donation each pay period beginning on my first paycheck. (Please note there are two pay periods per month and make your deduction accordingly.)

I would like my donation to go to the following charity:

(Choose one)

_____ The Alliance for Children's Rights

_____ Village Volunteers

I understand that IECP will match total staff donations up to \$25,000 per school year.

I also understand that I may discontinue this agreement at any time by sending a written notice to the Business Services Office at IECP.

IECP will provide a quarterly report documenting the amount received and donated to the designated Charity.

Signature

Date