



STAFF PLEDGE FORM

Last Name _____ First Name _____

Email _____ @ _____

Phone _____

Address _____

City _____

State _____

Zip Code _____

To show my support to TPS Foundation, I agree to contribute the sum of \$ _____

by payroll deduction (10 equal monthly payments beginning September 2019)

-- or --

by personal check (enclosed and made payable to: Toledo Public Schools Foundation)

Donor's signature _____



If you wish to pay by credit/debit card, please go to our website: www.giveTPSF.org/donate

Additional Information

TPS Employee number: EO _____

Which school or building do you work in? _____

I am (choose one):

Teaching

Non-teaching

Administration

Are you a TPS graduate? _____

If so, which TPS high school did you graduate from? _____

Please save, print & sign form, and send via pony to: TPS Foundation
Educational Campus – 4th Floor