

# STAFF PLEDGE FORM



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Phone \_\_\_\_\_

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

By payroll deduction (10 equal monthly payments beginning September 2022)  
\*Please note – payroll deductions will roll over yearly unless notified to stop

-- 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 and click the [DONATE NOW TO THE ALL IN CAMPAIGN](http://www.giveTPSF.org/allin) button*

[www.giveTPSF.org/allin](http://www.giveTPSF.org/allin)

## Additional Information

TPS Employee Number: E 0 \_\_\_\_\_

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 send via pony to: TPS Foundation  
Educational Campus – 4<sup>th</sup> Floor