

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 2023)

*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** button

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 – 4th Floor