

SHOW LOW UNIFIED SCHOOL DISTRICT #10
500 W Old Linden Rd
Show Low, AZ 85901
928-537-6000

**2018 PAYROLL DEDUCTION AUTHORIZATION
FOR TAX CREDIT DONATION**

I, _____ authorize
(Please print name)

Show Low USD #10 to deduct from my paycheck \$ _____ over _____ pay periods
for a total of \$ _____.

I wish for my donation to benefit:

(designate school)

(designate program/s)

(if for student fees please give student name/s)

Employee Signature

If you have questions please contact: Payroll-Benefits@show-low.k12.az.us