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## Wenatchee School District Payroll Deduction

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_

School/Department: \_\_\_\_\_ District Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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### AUTHORIZATION

I, \_\_\_\_\_, voluntarily authorize Wenatchee School District to deduct the amount specified below from my paycheck for contribution to the organization Yes for Wenatchee School

### ABOUT THE ADVOCACY COMMITTEE:

Yes for Wenatchee Schools is an independent organization that advocates for quality public education in Wenatchee. Funds support:

- Community education and outreach about school funding initiatives such as bonds and levies
- Advocacy for policies that benefit students and schools

### DEDUCTION DETAILS

I authorize a deduction of:

\$\_\_\_\_\_ per pay period

Start Date: \_\_\_\_\_ (or next available pay period)

This authorization will remain in effect until I submit written notice of cancellation.

### IMPORTANT INFORMATION - PLEASE READ CAREFULLY

#### Voluntary Participation:

This contribution is completely voluntary. Your decision to contribute or not contribute will not affect your employment, evaluation, or any other aspect of your job with Wenatchee School District.

**PO Box 712 Wenatchee, WA 98801    yesforwenatcheeschools@gmail.com**  
**yesforwenatcheeschools.org**  
**EIN #: 393521319**



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**Tax Status:**

Contributions to the Advocacy Committee are NOT tax-deductible as charitable contributions for federal income tax purposes. [Consult your tax advisor if applicable]

**Independent Organization**

The Advocacy Committee for Wenatchee Schools is an independent organization and is not part of Wenatchee School District. The district provides payroll deduction as a service but does not control or direct the committee's activities.

**Cancellation**

You may cancel this authorization at any time by submitting written notice to [WASD Payroll Office/HR]. Cancellation will be effective within [two pay periods/30 days] of receipt of written notice.

**Questions:**

For questions about the Advocacy Committee, contact: [yesforwenatcheeschools@gmail.com](mailto:yesforwenatcheeschools@gmail.com)  
For questions about payroll deduction, contact Jennifer Henderson, WSD Payroll Director.

**ACKNOWLEDGMENT & SIGNATURE**

I have read and understand the above information. I voluntarily authorize this payroll deduction and understand that I may cancel at any time by providing written notice.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_