



**NORTH THURSTON**  
Education Foundation  
PARTNERS FOR KIDS

**NORTH THURSTON EDUCATION FOUNDATION**

P.O. Box 3312  
Lacey, Washington 98509-3312

(360) 790-6548

[www.ntef.org](http://www.ntef.org) ≈ ntef@hotmail.com

**North Thurston Public Schools  
Monthly Employee Payroll Deduction Form**

I, \_\_\_\_\_, authorize a payroll deduction for the North Thurston Education Foundation (the “Foundation”) in the **monthly** amount of \$ \_\_\_\_\_ to be used by the Foundation as needed.

My signature below confirms that I desire my contribution to begin as soon as possible and that my contribution will continue until I terminate it by notifying NTEF or NTPS in writing.

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Employee Signature

Work Site: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return completed and signed form to:**



North Thurston Public Schools  
Attention: Vivian Millon, Payroll Supervisor  
District Office: John Gott Administrative Building