

## **Employee Workplace Giving Form**



## Your gift to the Education Foundation of Martin County helps the foundation continue to serve the students and teachers

in Martin County by providing the following programs, opportunities, and materials:

Adopt-a-Class, Teacher of the Year, Fund-a-Project, Book Vending Machines, Share-a-Smile, Classroom Libraries,
Professional Development, Teacher Recognition, EFMC PLAYS (Purposeful Language Acquisition Yields Success),
COVID-19 Support, Scholarships, Grants, Guided Readers, STEAM Programs, Career Tech Support, Robotics, Artist
Residencies Elementary Book Bowl, Reading Resource Rooms, New Teacher Support, AEDs in Our Schools...

and much more!

Your support provides that extra encouragement for community businesses to lend their support.

## www.EducationFoundationMC.org

School	Title & Department (Teacher/Office Manager, etc.)
Prefix & First Name	Last Name
Phone	Email
Mailing Address	City
Last 4 digits of Social Security # OR Employee ID (required)	State Zip
□ I want to give this much each pay period: □\$1 □\$2 □\$3 □\$5 □\$10 □Other \$  Participants will have the opportunity to renew each year. This enrollment form is valid for the 2021-2022 academic year.	
□ I want to give a ONE-TIME payroll deduction of: □ \$50 □ \$100 □ \$150 □ Other \$	
☐ I want to give a <b>ONE-TIME check donation</b> of: I	□ \$50 □ \$100 □ \$150 □ Other \$
Please make checks payable to EFMC or Education Foundation of Martin County.	
Signature REQUIRED*:	☐ I prefer my gift remain anonymous.
*If you cannot sign the form digitally, please print the completed form and then sign the document.	
Donors will be recognized based on their annual contribution level. A full academic year of deductions = 26 payments.	
Substitute teachers and other non-permanent personnel are not eligible for the recurring payroll deduction program, but are welcome to make a one-time gift.	
Please return this signed form to LRhodes@EducationFoundationMC.org with "Employee Workplace Giving" in the subject line or send to EFMC through the pony mail system.	
You may enroll at any time; forms returned quickly have the greatest impact.	
Solicitation of Contributions Registration #: CH39608 Date Received:	
"A CORVINE THE OFFICIAL DEGISTRATION AND FINANCIAL INFORMATION MAY BE ORTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TO LEFEE (800.435.7352) WITHIN THE STATE	