

STILLWATER PUBLIC SCHOOLS

2026-2027
PAYROLL DEDUCTION AUTHORIZATION FORM
Benefiting



NAME (Please Print): _____

SCHOOL SITE: _____

SOCIAL SECURITY NUMBER: _____

Home Address: _____

State: _____ Zip: _____

MONTHLY DEDUCTION AMOUNT: \$ _____

TOTAL GIFT AMOUNT PER YEAR: \$ _____
(Must be divisible by 12)

T-Shirt Size (Adult Small through 4XL) _____

I understand this form authorizes Stillwater Public Schools Payroll Dept. to withhold from my salary and/or wages the designated amount per month for a 12-month period, beginning with the September 2024 payroll cycle. My donation is to benefit the programs of the Stillwater Public Education Foundation. I also understand that should I sign up for the deduction after the September 30 pay date, deductions will be made for the remaining months thereafter.

THANK YOU FOR YOUR TAX-DEDUCTIBLE DONATION!
Stillwater Public Education Foundation is a 501(c)(3) non-profit foundation.
(A receipt will be provided to you at the end of each calendar year.)

AUTHORIZATION SIGNATURE

DATE

PLEASE FORWARD COMPLETED FORM BY FRIDAY, SEPTEMBER 11, 2026 TO:
SPS PAYROLL DEPT, SPS ADMINISTRATION BUILDING, 314 S. Lewis, Stillwater OK 74074

For questions, contact:

SPS Payroll, Desiree Burnsed, x5033 or dburnsed@stillwaterschools.com

SPEF, Emily Lewis, x5006 or spef@stillwaterschools.com