



LEAF PAYROLL DEDUCTION FORM

BE PART OF THE FOUNDATION—PLEDGE SUPPORT TO LEAF AND THE STUDENTS OF THE LANSING SCHOOL DISTRICT IN THE FOLLOWING WAY:

\$10.00 PER PAY PERIOD

\$2.00 PER PAY PERIOD

\$5.00 PER PAY PERIOD

\$ _____ PER PAY PERIOD

DEDUCTIONS SHOULD BEGIN WITH THE FIRST PAY PERIOD OF _____
MONTH

NAME _____ SCHOOL _____

SIGNATURE _____ SS# _____

LEAF is a 501(c)(3) non-profit organization. Your contribution is tax deductible.

I WOULD LIKE TO DONATE _____ TO LEAF AT THE FOLLOWING ADDRESS:

LEAF, 2901 WABASH RD., LANSING, MI 48910