



Foundation to Support the students of the
Norwalk-La Mirada Unified School District

Voluntary Payroll Deduction Form

Name (please print) _____

Employee ID Number _____

Effective Date Month _____ Day _____ Year _____

Check One

\$1

\$2

\$5

\$10

Please deduct the following amount each month
(maximum number of 10 months)

Signature of Employee

Department or School Site

**Please return to the payroll office on
Or before the 10th of the month**

Thank you for supporting our students



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