



## ABOUT THE FOUNDATION

Since 2010, the Edmonton Public Schools Foundation has been raising awareness and funds to level the playing field for children who come to the classroom at a disadvantage by supporting Division programs that exist outside of the Government of Alberta's public funding. By investing in Division-level programming, we serve every Edmonton public school and specifically, those of our 115,000+ students who need it most, where they need it most.

## What do we do?



### Full Day Kindergarten

*Giving children extra time in the classroom, when they need it most.*



### Learning Tools and Technology

*Equipping students with the tools they need to learn and succeed.*



### Learning Enhancements

*Providing additional learning support to students in need.*



### Enrichment Opportunities

*Enhancing the student experience through safe and meaningful activities.*



### Mental Wellness

*Creating safe, caring and responsive school communities.*



### School Nutrition

*Filling tummies so students can learn and grow.*

# AUTOMATIC PAYROLL DEDUCTION FORM

OFFICE USE ONLY		
Form - Vol. Ded.		
EMPLOYEE ID	DESCRIPTION	SIGNATURE

**Donate to the Edmonton Public Schools Foundation: [foundation.epsb.ca](http://foundation.epsb.ca)**

If you choose the payroll deduction option as your payment method, please fill out the information below. Your contribution information will be reflected on your annual T4 document. Donations of \$25+ are eligible for an official donation receipt. Please note that all payroll deduction donations will be directed toward our General Fund - Areas Most In Need.

I authorize Edmonton Public Schools to process my contribution to the Edmonton Public Schools Foundation on receipt of this application. I authorize Edmonton Public Schools to share the details of my contribution and home contact information with the Edmonton Public Schools Foundation.

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Location (school/decision unit): \_\_\_\_\_

Home Address: \_\_\_\_\_

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**One-time Contribution:** Please deduct a one-time amount of \$ \_\_\_\_\_

**Time-specific Contribution:** Please deduct \$ \_\_\_\_\_ x # \_\_\_\_\_ payroll periods = \$ \_\_\_\_\_

**Ongoing Contribution:** Please deduct \$ \_\_\_\_\_ per pay period, until I request deductions be stopped.

Signature: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_

*NOTE: Your signature is required to authorize payroll deduction. Please submit the entire pledge form to Human Resources, Data Control (located on the main floor of the Centre for Education) for processing purposes. Charitable Organization Number: 11923 1058 RR0001*

## Want to learn more? Let's chat!

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