



DOUBLE THE WINNINGS DOUBLE THE SUPPORT

The Foundation for Red Deer Public Schools

50/50 Lottery – Staff Application Form MONTHLY PAYROLL DEDUCTION

PLEASE PRINT:

Employee Name: _____

School: _____

I am a new participant

I want to increase my chances

I want to purchase the following number of chances per month at \$ 10.00 per chance:

_____ X \$10.00 per chance = \$ _____

I hereby authorize Red Deer Public School District No. 104 to deduct the sum of
\$ _____ per month from my monthly pay.

I agree to the following conditions:

1. Request to participate and/or withdraw must be in writing.
2. Requests for participation and/or withdraw must be received by the 10th of the month to be effective for that month.

Employee Signature

Date

Please forward your signed copy to Payroll at Central Services.

Thanks for your support of the 50/50 lottery and our efforts to enhance student learning opportunities in Red Deer Public Schools.

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FOR OFFICE USE ONLY: Payroll:

Date: _____
Input: _____

Foundation:

Date: _____
Input: _____