



Turner FOUNDATION

Turner Foundation, Inc. 800 S. 55th Kansas City, KS 66106 913-288-4100

www.turnerusd202.org

2017-2018 Staff Membership Form

Name: _____ Address _____ City _____ ST _____ Zip _____

E-mail _____ Phone _____ District Bldg. _____ Pos. _____

Your District ID allows entrance to activities without passes. However, if you would like passes, please fill out the names below.

Pass #1 _____ Pass #2 _____

PASS MAY ONLY BE USED BY THE NAMED MEMBERSHIP CARD HOLDER. TURNER FOUNDATION WILL NOT BE RESPONSIBLE FOR REPLACING LOST, STOLEN OR DAMAGED CARDS. YOUR SIGNATURE BELOW INDICATES YOU HAVE READ AND UNDERSTAND THESE TERMS.

PLEASE ATTACH PAYMENT OR CHOOSE ONE OF THE OPTIONS BELOW

Donation : \$100 \$200 \$250 \$500 Other: \$ _____

Payroll Deduction (202 District Employees Only)

Amount pledged will be deducted beginning with the 10/8 paycheck

A Membership fee of \$50 will be added to each amount pledged. Please indicate which Turner School/Activity you would like your pledge to go to: **School** _____ **Activity (optional)** _____

___ \$5 per pay period or \$90 pledge (\$140 total including membership = \$7.78 per pay period).

___ \$10 per pay period or \$180 pledge (\$230 total including membership = \$12.78 per pay period).

___ \$20 per pay period or \$360 pledge (\$410 total including membership = \$22.78 per pay period).

___ \$50 pledge: CHECK ONE Deduct \$50 from 10/8 pay check: _____ Deduct \$2.78 per pay period: _____

Member Signature

Date

Foundation Board Member Signature

Date

*The Turner Foundation is a non-profit organization and does not provide any goods or services in exchange for contributions; therefore, your contribution is tax deductible.

Office Use Only:

Cards: Taken By Member
 Receipt Written

Mailed on _____
 Added to Excel

Sent w/student on _____
 Member copy given/mailed