



Turner FOUNDATION

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

www.turnerusd202.org

Staff Turner Foundation Pass Card Application (Fiscal year July 1 through June 30)

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 TURNER FOUNDATION PASS 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

Additional

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

Payroll Deduction (202 District Employees Only)

Amount pledged will be deducted beginning with the first October paycheck.

A Pass Cards (2) 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 2 pass cards = \$7.78 per pay period).

___ \$10 per pay period or \$180 pledge (\$230 total including 2 pass cards = \$12.78 per pay period).

___ \$20 per pay period or \$360 pledge (\$410 total including 2 pass cards = \$22.78 per pay period).

___ \$50 pledge: CHECK ONE Deduct \$50 from first October pay check: _____ Deduct \$2.78 per pay period: _____

Patron Signature

Date

Foundation Authorized 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 Patron

_____ Mailed on _____

_____ Sent w/student on _____

Other: _____ Receipt Written

_____ Added to Excel on _____

_____ Patron copy given/mailed on _____