



## 2017-18 PIE Membership Form Payroll Deduction Form

Craven County Partners In Education  
is a 501(c)3 corporation and donations  
are tax deductible to the fullest extent of the law.

Partners In Education works diligently throughout the year to strengthen the bond between the community, schools, and businesses in Craven County. To learn more about our grants and the due dates, or to apply for one of our grants, go to [www.CravenPartners.com/programs](http://www.CravenPartners.com/programs).

**Note: PIE membership must be renewed each year to stay on the payroll deduction and be eligible for the extra point on grant rubrics.**

Craven County Schools, in collaboration with Partners In Education, is offering all employees the ability to contribute to PIE through payroll deduction. The minimum contribution through payroll deduction is \$100 for the year. If you are set up on a 10-month pay period, it is \$10/month. If you are on the 12 month pay period, it is \$8.33/month.

**The school with the highest number of participants in the Payroll Deduction Program will be awarded \$1,000!  
(In case of a tie, the monies will be split.)**

**Dr. Doyle's Superintendent Challenge:  
All Craven County Schools employees participating in the Payroll Deduction Program will be included in a special drawing for \$500 at the EOM Principal Leadership Meeting October 31, 2017!  
The money awarded is for your personal use!**

Please complete the following information and return this form to your PIE Ambassador or to Partners In Education at Central Services **by October 20, 2017, 5:00 pm. Deductions will begin with your October 31st check.**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Designated School: \_\_\_\_\_

\_\_\_\_\_ I would like to be a sustaining member: Your gift will automatically be deducted each month AND will automatically be renewed annually until you tell us to stop

I'm on the following pay cycle: (please circle one) 10-month Pay Period / 11-month Pay Period / 12-month Pay Period

I would like to contribute the following each month: (please circle one)

\$10 \$15 \$25 Other \$ \_\_\_\_\_ (fill in amount) Total Annual Gift \$: \_\_\_\_\_

(Minimum annual gift required is \$100 total)

**Or**

I would like a **One-time Deduction** from my account (minimum \$100) \_\_\_\_\_

Last 4 digits of SS # : \_\_\_\_\_

Signature: \_\_\_\_\_

**Thank you for supporting the organization that supports our educators!**

**Note:** All members of Partners In Education will receive **one extra point** on their total grant score for the PIE Grant, International Paper Grant, and the Twin Rivers Artists' Assn. Grant.