

## **Leon County Schools Continuous Giver Change Form 2024-2025**

wish to update my continuous giver pledge as follows:  □ Update my annual payroll deduction  • New Amount: (per pay period) X 10 (number of pay periods) = \$  • My Impact: □ Option A: Allow volunteers to distribute funds to meet the most critical needs □ Option B: Housing Early Learning Safety Net Health & Mental Health Skills Developm □ Counties: Franklin Gadsden Jefferson Leon Liberty Madison Taylor Wakulla □ Option C: Combined Charities Campaign:
<ul> <li>New Amount: (per pay period) X 10 (number of pay periods) = \$</li> <li>My Impact: Option A: Allow volunteers to distribute funds to meet the most critical needs</li> <li>Option B: Housing Early Learning Safety Net Health &amp; Mental Health Skills Developm</li> <li>Counties: Franklin Gadsden Jefferson Leon Liberty Madison Taylor Wakulla</li> </ul>
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Cancel my continuous payroll deduction     Effective Date:
Employees must sign and date when making changes to their pledge.
Employee Signature: Date:
United Way 2024-2025
Way United Way of the Big Bend
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Employee Signature: \_\_\_\_\_ Date:\_\_\_\_\_