



# Education First Employee Giving Campaign Report



Please Return on or before December 6 to be eligible for raffle and named scholarship

Date: \_\_\_\_\_

Name of School/Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Signature: \_\_\_\_\_

**CASH IS NO LONGER ACCEPTED**

Donation Type	Number of Employees	Total Donations
Employees Donating by Check	_____	\$_____ total checks
Employees Donating through Payroll Deduction	_____	\$_____ per pay period
Total Number of Employees Donating	_____	

Please pony Donation Report Envelope to the:

**Broward Education Foundation**  
**KCW, 1st Floor**  
**BrowardEdFoundation.org**  
**754.321.2030**



Established 1915  
**BROWARD**  
County Public Schools

