



3440 Liberty Drive
Springfield, Illinois 62704
217-787-7060
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SUE HANDY MEMORIAL SCHOLARSHIP FUND
Springfield Education Association

PAYROLL DEDUCTION CONTRIBUTION

EMPLOYEE NAME: _____

EMPLOYEE ID #: _____

WORK LOCATION/SCHOOL: _____

I'd like to contribute \$_____ per payroll deduction to
help the Sue Handy Memorial Scholarship Fund.

Employee
Signature: _____ Date: _____