

**Guardian Angel**  
*Payroll Deduction Approval Form*

Date \_\_\_\_\_

Staff Member Requesting Payroll Deduction \_\_\_\_\_

School \_\_\_\_\_

Bi-Monthly Deduction Amount     \$ \_\_\_\_\_

Lump Sum Deduction Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\* By completing this form, I give HLWW School District the permission to deduct my pay for the above mentioned dollar amount and to deposit this money with St. Mary's Church in Waverly, MN to be used for the Guardian Angel fund.*

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