

# **Staff Council Dues Payment Form**

(For Cash Payments Made to Business Office)

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

Position: \_\_\_\_\_

<b>Please indicate which payments you wish to make:</b>	
<b>Staff Council Dues</b>	<input type="checkbox"/> <b>\$ 5.00</b>
<b>Flower Fund Donation</b>	<input type="checkbox"/> <b>\$ 5.00 (Support Staff)</b> <b>OR</b> <input type="checkbox"/> <b>\$ 10.00 (Professional Staff)</b>
<b>Additional Donation to staff council (Optional) Please specify amount</b>	<input type="checkbox"/> <b>\$</b>
<b>*TOTAL</b>	<b>\$</b>

Thank you for supporting your Staff Council!