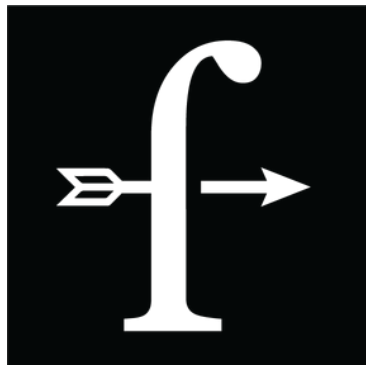




BAPS

www.BAPSFoundation.org

Broken Arrow Public Schools Foundation
Payroll Deduction Donation Form
2026 to 2027

I, _____, would like to make a
donation to Broken Arrow Public Schools Foundation in the amount of:

\$1 _____ \$5 _____ \$10 _____ \$100 _____ per pay period% _____

Per Pay Period (twice monthly) _____ One-Time _____

Other _____

Signature: _____ Date: _____