



Payroll Deduction & Contribution Form

Thank you for making a gift or recurring gift in the SAISD Foundation. As a 501(c)(3) organization, we exist solely to support the students, employees and schools in the San Antonio Independent School District. Employee contributions are critical to supporting our educator grant programs and other initiatives that are aimed at increasing student and educator success.

Learn more about our programs by visiting SAISDFoundation.com

Our Vision: All student and teachers thrive in SAISD public schools

Employee Information

Name: _____

Employee ID: _____ E-mail: _____

Campus/Department: _____ Campus/Dept. #: _____

Pay Status Monthly Bi-Weekly

Contribution Information

Payroll Deduction

Please include full dollar amounts only. Deductions will be made upon receipt of this form and according to the published Payroll dates. Contributions are fully tax deductible and will be receipted as a total after year end (December 31st) upon request.

Choose one:

- I wish to contribute a one-time gift of \$_____.
- I wish to contribute a recurring monthly gift of \$_____ each month (minimum of \$5/month). This contribution will continue until it is changed or cancelled by written request that is received by the Payroll Department a minimum of 15 days in advance of my next scheduled payday.

Signature (required)

I hereby, voluntarily authorize and request that the San Antonio Independent School District deduct and remit my contribution to the SAISD FOUNDATION.

Signature _____ Date: _____

Submit form via Scan, Email or eFax

eFax to (210) 228-3186

OR Email to: payroll@saisd.net

For end of year tax receipt

email acardenas5@saisd.net OR call (210) 554-2235

Please do not "Pony" forms