

## MEMORIAL & HONORARY GIFT PROGRAM DONATION FORM

Donating to the SAISD Foundation or the SAISD Foundation Endowment is a meaningful way to honor someone special. Your gift reflects your desire to make an impact on the lives of others, just as your honoree has done for you. Certificates recognizing this honor will be mailed to the person being honored or their family members as indicated. The donor may be recognized or gifts may be given anonymously.

## **DONOR INFORMATION**

| Individual/  | s Making the Gift               |  |                                   |
|--|---------------------------------|--|-----------------------------------|
| Address  |                                 | City:                                  | State:                            |
| Zip  | Phone:                          | E-mail                                 |                                   |
| I would lik  | e this gift listed as           |  |                                   |
| Direct my  | gift to $\square$ SAISD Foundat | ion (most urgent needs) $\square$ SAIS | D Foundation Endowment            |
|  | ABOUT                           | THE PERSON BEING HO                    | NORED                             |
| Name of P  | erson being honored/rem         | embered:                               |                                   |
| Is gift □ In   | n Honor □ In Memory             |  |                                   |
| If in Honor, please list reasons (i.e. birthday, graduation, employment anniversary, holiday gift, to honor of his or her dedication to education etc.): |                                 |  |                                   |
| If gift is in  | Memory, please list mon         | th, year and city of honoree's pas     | ssing:                            |
| Your Relat   | ionship (i.e. parent, form      | er student, friend, son etc.)          |                                   |
| □ I would  | like to have a certificate      | sent noting this gift was made in      | his or her honor to:              |
| Name:  |                                 |  |                                   |
| Address:   |                                 | City:                                  | State:                            |
| Email:   |                                 | Include my name   Yes                  | No   Share gift amount □ Yes □ No |
|  |                                 | MAKING YOUR GIFT                       |                                   |
| □ A checl  | k, payable to <b>SAISD Fou</b>  | ndation is enclosed. Please retur      | rn this form & payment to:        |
| SAISD Foundation: 2411 San Pedro, San Antonio, Texas 78212   |                                 |  |                                   |
| □ I have a   | already made this donatio       | n online at SAISDFoundation.co         | m                                 |
| □ Please s   | send me an invoice to pay       | by check or electronically             |                                   |

This gift is fully tax deductible and a gift receipt will be sent to you for your records. SAISD Foundation is a public charity **Tax ID 74-2861587**. This form can be submitted by email to <u>info@saisdfoundation.com</u>. For questions, reach out by email or call (210) 554-2235.