

MEMORIAL & HONORARY GIFT PROGRAM DONATION FORM

Donating to the SAISD Foundation 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 emailed to the person being honored or their family members as indicated. The donor may be recognized or gifts may be given anonymously.

DONOR INFORMATION

Address:		City:	State:
Zip:	Phone:	E-mail:	
□ I would lik	te my gift given anonymously	. Please note that amount o	of gifts are not shared publicly.
	ABOUT THE	PERSON BEING HONO	<u>PRED</u>
	son being honored/remember		
		Is gift \Box	In Honor □ In Memory
	please list reasons (i.e. birthda or her dedication to education	, ,	3, 3, 5, 7
If gift is in M	Iemory, please list month, year	ar and city of honoree's pas	sing:
Your Relation	nship to honoree (i.e. parent,	former student, friend, son	etc.)
□ I would lik	te to have a certificate sent no	ting this gift was made in h	nis or her honor to:
Name:		Address:	
City:	State:	Email:	
Include my r	name Yes No Share gift a	amount □ Yes □ No	
	MAI	KING YOUR GIFT	
□ A check,]	payable to SAISD Foundatio	n is enclosed. Please return	this form & payment to:
SAISD Fo	undation: 1270 W Summit Av	ve. San Antonio, TX 78201	
□ I have alre	eady made this donation onlin	e at SAISDFoundation.com	n
□ Please ser	nd me an invoice to pay by ch	eck or electronically	
	ax-deductible and a gift receifax ID 74-2861587.	pt will be sent to you for yo	our records. SAISD Foundation





