



Payroll Deduction & Contribution Form

Thank you for making a tax-deductible monthly or one-time gift to 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. #: _____

Current 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 noted on your paystub.*

Choose one:

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

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

Please do not "Pony" forms