HARLANDALE EDUCATION FOUNDATION, INC.
EMPLOYEE DONATION/PLEDGE CARD
SPRING 2015 CAMPAIGN

102 GENEVIEVE * SAN ANTONIO, TEXAS 78214 * 210-989-4555 * Fax: 210-921-4317
EMAIL: Margaret.ornelas@harlandale.net

First Name _____ **MI.** _____ **Last Name** _____

Employee ID# _____**Campus/Department** _____
(Employee ID# can be found in your check sub)

Phone Number _____ **E-mail Address:** _____

Complete and return with your donation to your
Campus/Department Contact on or before FEBRUARY 25, 2015

PLEASE MARK GIFT OPTION TO FUND THE GENERAL SCHOLARSHIP FUND FOR HISD STUDENTS:

☐ **OPTION A:**
Payroll Deduction (minimum $5 per month)

Bi-Weekly payroll deductions: may not exceed 24 pay periods.
Monthly payroll deductions: may not exceed 12 pay periods.

Payroll Status: ☐ Monthly ☐ Bi-Weekly

My contribution through payroll deductions is:
$_____X_____ pay periods for a total of $_____

The payroll deductions will begin with the April 2015 paycheck.

☐ **OPTION B:**
Direct One Time Donation Check or Cash

Enclosed is my check or money order payable to the Harlandale Education Foundation for:

$ _____ **Check/MO #** _____

Amount of Cash $_____Receipt #_____
(To be receipted by the campus Bookkeeper/Secretary, attach a copy of the receipt to this pledge form.)

Please attach your donation to this form.

EMPLOYEE
SIGNATURE (Required) _____
(For payroll deduction signature is required)

DATE: _____

Your support of the dreams and ambitions of HISD graduates is greatly appreciated.
Harlandale Education Foundation, Inc. is an approved 501(c)3 charitable organization. Your contribution is tax-deductible.

Office Use Only

Amount Rec'd:
Option A *$ (Total Payroll Deductions).* _____ *Campus/Dept*_____ *Date*_____
*Rec'd By Signature*_____

Option B *$*_____ *Check #*_____*Receipt #*_____*Campus/Dept*_____ *Date*_____
*Rec'd By Signature*_____