



HARLANDALE
EDUCATION
FOUNDATION

**HARLANDALE EDUCATION FOUNDATION, INC.
EMPLOYEE DONATION/PLEDGE CARD
SPRING 2018 CAMPAIGN**

102 GENEVIEVE * SAN ANTONIO, TEXAS 78214 * 210-989-4555 * Fax: 210-989-4466
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 21, 2018****

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

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

OPTION B:
Direct One Time Donation Check or Cash

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

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

Payroll Status: Monthly Bi-Weekly

\$ _____ Check/MO # _____

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

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

The payroll deductions will begin with the April 2018 paycheck.

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 _____