



MONTGOMERY ISD EDUCATION FOUNDATION  
EMPLOYEE CONTRIBUTION CAMPAIGN 2015-2016  
PLEDGE FORM

Employee Name: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Please place an "X" in the box by your choice of Single Donation or Monthly Payroll Deductions, and then complete the selected section:

**Single Donation:**

Check Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_

(Please make checks payable to Montgomery ISD Education Foundation and staple to this sheet. Thank you.)

One time payroll deduction: \$ \_\_\_\_\_

(Minimum donation of \$5 to be deducted on October check.)

**Monthly Payroll Deduction:**

I pledge the following monthly donation to be deducted from my payroll check each month for ten months beginning in September.

\_\_\_\_\_ \$2.50 x 10 mo. = \$25 Total \_\_\_\_\_ \$5 x 10 mo. = \$50 Total \_\_\_\_\_ \$10 x 10 mo. = \$100 Total

\_\_\_\_\_ \$25 x 10 mo. = \$250 Total \_\_\_\_\_ \$50 x 10 mo. = \$500 Total \_\_\_\_\_ \$100 x 10 mo. = \$1,000 Total

Other amount: \$ \_\_\_\_\_ (please enter amount to be deducted) x 10 mo. = \$ \_\_\_\_\_ Total donated

All payroll deductions will be made in ten equal payments. Payroll deductions of less than \$1 will not be honored. Should I terminate my employment before all deductions are made, I understand that any remaining pledge amount will be taken out of the final check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Employee I.D. #:** \_\_\_\_\_

(Needed only for payroll deduction)

**Please return this form to your building/department coordinator by September 1, 2015.**

The Impact that YOU made last year:

*During the 2014-2015 school year, employees gave over \$18,000 to the foundation for its inaugural year. These donations along with the generosity of community partners allowed the foundation to give out 18 grants worth \$35,000. Each campus received a grant and we were able to impact over 2,500 students. Help make the 2015-2016 school year even better.*