



## 2023-24 Employee Giving Campaign Pledge Form

### Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last 4 Digits of Employee SSN: **\*\*\*-\*\*-** \_\_\_\_\_ Campus: \_\_\_\_\_

### Contribution

\_\_\_\_\_ I would like to make a **monthly contribution** to the GISD Educational Foundation through payroll deduction.

\_\_\_\_\_ \$5/ month

\_\_\_\_\_ \$10/ month

\_\_\_\_\_ \$20/ month

\_\_\_\_\_ \$30/ month

\_\_\_\_\_ \$40/ month

\_\_\_\_\_ \$50/ month

\_\_\_\_\_ Other; I would like to make a monthly contribution of \_\_\_\_\_ / month.

\_\_\_\_\_ I would like to **opt out** from receiving any promotional incentives in order to maximize my donation.

**If you selected \$10 or more per month, please mark your t-shirt size:**

**Small Medium Large X-Large XX-Large XXX-Large Other** \_\_\_\_\_

\_\_\_\_\_ I would like to make a **one-time contribution** of \$ \_\_\_\_\_ to the GISD Educational Foundation through payroll deduction.

\_\_\_\_\_ I would like to make a **one-time contribution** of \$ \_\_\_\_\_ to the GISD Educational Foundation by check. \*No cash please.\*

*One time donations may also be made via credit card at [www.GalvestonEdFoundation.org](http://www.GalvestonEdFoundation.org).*

### Designation

Please select one...

\_\_\_\_\_ Please designate my gift for the Grants to Teachers & Schools program.

\_\_\_\_\_ Please use my gift where it is needed most.

*If a selection is not made your gift will be designated as unrestricted.*

## Acknowledgements

- I understand that if I select to make a monthly contribution, my contribution will continue to be deducted from my paycheck as long as I am employed by GISD until I ask for it to stop.
- I understand that I can ask for my monthly contribution to stop at any time by contacting [terrymuehe@gisd.org](mailto:terrymuehe@gisd.org) and [TheresaBurnett@gisd.org](mailto:TheresaBurnett@gisd.org)
- I understand that I can change the amount I contribute monthly by submitting a new copy of this form to [foundation@gisd.org](mailto:foundation@gisd.org).
- I understand that the first monthly deduction or my one-time deduction will begin during the October 2023 pay period.
- I understand that contributing to the employee giving campaign does not give favor or preference to any grant applications I may submit to the Galveston ISD Educational Foundation in the future.
- I understand that I am not required to make a contribution to the employee giving campaign and doing so does not give me favor or preference as an employee of GISD.
- I understand that only the portion of my donation that exceeds the fair market value of the goods and services I may receive through the employee giving campaign may be tax-deductible in accordance with the IRS.
- I understand that I should retain a copy of this document for my records, but I may request a copy of it at any time by contacting the GEF office. A copy of this pledge card along with a pay stub may be needed for IRS purposes.



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form by **September 21, 2023** to [terrymuehe@gisd.org](mailto:terrymuehe@gisd.org).