



Sharyland ISD Education Foundation Pledge Card

"Reaching Beyond Excellence"

☐ **YES! Enroll me as a Friend of the Foundation**

PAYROLL DEDUCTION: (* PAYROLL DEDUCTION AUTHORIZATION / (AUTORIZACION DE DONACION *)

Please select payroll deduction or a direct gift:

\$5 per pay period \$10 per pay period
\$15 per pay period \$25 per pay period

☐ One Time Payment only _____

Campus/Dept: _____ Last 4 #'s of Social Security: XXX-XX-

Number of months for payroll will be 10 months *September through June*
Numero de deducciones son 10 meses *Septiembre a Junio*

X _____ X _____
PLEASE SIGN (FIRMA) DATE (Fecha)

PERSONAL CHECK:

My tax-deductible gift is enclosed in the amount of \$ _____ Ck # _____

**Make Your Check Payable to the
SHARYLAND ISD EDUCATION FOUNDATION
Education Foundation Office (Superintendent's office)
1200 N. Shary Road Mission, Texas 78572**

***If you would like to make a 1 time donation by using your credit card, please
contact Judith Ramirez at 956-580-5200 XT: 1080**

THANK YOU FOR SUPPORTING OUR STUDENTS AND STAFF
Your Foundation Donation is a tax deductible gift under IRS Guidelines

Revised 8/2/2023 By: Judith Ramirez