



CISD

EDUCATION FOUNDATION

DOLLAR DRIVE!

Your tax-deductible contribution, no matter how big or small, will help the Education Foundation make a direct impact on Channelview ISD teachers and students.

\$ What if I enrolled previously?

If you wish to continue your support your contributions will continue as normal.

If you wish to increase your support, please complete the deduction agreement portion of this form.

\$ How will my donation be used?

Since its inception in 2012, the Channelview ISD Education Foundation has given out more than \$160,000 to teachers, programs and projects.

Your tax deductible donation will:

- Boost the Foundation's grant making potential
- Assist the Foundation's student scholarship fund
- Support Employee Recognition efforts
- Increase our sense of community and pride

Channelview ISD Education Foundation Payroll Deduction Agreement

Please print full name and indicate campus/department:

I, _____, at _____ want to partner with the Channelview ISD Education Foundation and authorize tax-deductible donations per pay period through payroll deduction.

Please select your level of giving through payroll deduction:

- \$ 25 per pay period \$ 10 per pay period \$ 2 per pay period \$ _____ (fill in amount) per pay period
 \$ 15 per pay period \$ 5 per pay period \$ _____ one-time check donation

I understand that if payroll deduction is selected, my employer, Channelview Independent School District, will deduct the amount specified from my salary each pay period and remit it to the Channelview ISD Education Foundation. This is a tax-deductible charitable contribution and I will need to keep an account of my balance paid each year for claiming a deduction on my individual tax return. The deduction amount will appear as EDU FOUND on the check stub. This authorization shall become effective upon receipt and shall remain effective until the Channelview ISD Payroll Department receives written notice of cancellation or change at least 30 business days prior to the next scheduled payday.

Signature: _____ Employee ID#: _____ Date: _____