



“Cash for Classrooms” 2017 Employee Giving Campaign September 1—September 29

It Doesn't Take a Big Donation to Make a Big Impact!

Your donation to the Hallsville Education Foundation Employee Giving Campaign is bundled with other Hallsville Education Foundation donations to provide significant funds for grant awards. All awards benefit HISD students and campuses.

- ♥ Every dollar donated through the Employee Giving Campaign is directed to the classroom.
- ♥ Through grant awards, teachers can secure tools they need to make learning come alive for students.
- ♥ The Hallsville Education Foundation provides a powerful means to support and sustain the districts vision to provide all of its students with a remarkable education.

IN ADDITION TO HELPING STUDENTS, YOU CAN EARN AWARDS AND GIFTS FOR YOURSELF—

- ♥ Throughout the month-long event, donors will be randomly chosen to receive a \$5 or \$10 gift card to various local businesses.
- ♥ Each employee who donates \$100 or more will become part of the “Cornerstone Club” and will receive an L-shaped plaque that fits on their classroom/office door frame.
- ♥ Each employee making a donation of \$100 or more will be in a drawing for \$100 (\$1,500 will be awarded).



The Hallsville Education Foundation is a 501(c)3 nonprofit organization separately, but dedicated solely, for the support of the Hallsville Independent School District. For more information on how you can get involved, please contact Beth Godsey, 903-668-5994 / bgodsey@hisd.com www.hisdfoundation.org



2017-2018 Employee Giving Campaign Payroll Deduction Pledge Form

DONOR INFORMATION

NAME (First, MI, Last)	
Campus/Department	Date

DEDUCTION AMOUNT (Each Pay Check)

I Pledge (choose one)

- A Monthly Gift of \$3 \$5 \$10 \$15 \$25 \$100 Other _____
for _____ months
- A One-Time Gift, Cash or Check: (made payable to Hallsville Education Foundation)
My tax deductible gift is enclosed in the amount of \$ _____
- A One-Time Charge (M/C, Visa, American Express, Discover) to:
Credit Card # _____ Amount \$ _____
Expiration Date: _____ Security Code: _____
Signature: _____
Billing Address/Zip: _____

APPROVAL FOR PAYROLL DEDUCTION

Signature of Donor: _____

Thank you for your tax deductible contribution!