



**ALAMO HEIGHTS
SCHOOL FOUNDATION**
Funding teachers. Achieving excellence.

Employee Donation Form

Please return via Pony Mail, email, or by dropping off at the Foundation office (information below).

Donor Information

First Name: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ __Work __Cell __Home

Campus: _____

Signature: _____ Date: _____

Gift Information

Mules Monthly Giving



\$5 per pay period

\$10 per pay period

\$15 per pay period

\$25 per pay period

Other: \$ _____ per pay period

Recurring gifts can be given through payroll deduction each pay period or online at <https://bit.ly/mulesmonthlygiving>

One-Time Donation



\$500

\$250

\$100

\$75

\$50

\$25

Other \$ _____

Please make check payable to Alamo Heights School Foundation and return/mail to the Foundation office; for credit card payment, enter in CC info below or click on the Donate button at the top of our home page on our website.

I would like this gift to remain anonymous.

Payment Info

Payroll Deduction: SSN# _____ (Only needed if using AHISD payroll)

Credit Card **OR** Bank Information: MC/Visa/Disc/AMEX **OR** Checking/Savings (circle one)

Account number: _____

Expiration Date: _____ CSV Code: _____

Cardholder/Account Owner's Name: _____

Alamo Heights School Foundation

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