



WEST ADA
EDUCATION FOUNDATION

EMPLOYEE DONATION CAMPAIGN

1. District Employee Information

Email completed form to: waef@westada.org or send through inter-office mail to the DSC/Foundation Office.

Name: _____ Employee ID# _____
(Last) (First) (MI)
Title: _____ School/Facility: _____
Home Address: _____ City: _____
State: _____ Zip Code: _____ Phone Number: _____

2. How I Would Like to Make My Donation

☐ **District Employee Payroll Deduction**

Standard yearly deductions begin October and end in July. (Please return by the 5th of the month you wish deductions to begin.)

\$ _____ per pay period x _____ pay periods = Total of \$ _____ (must equal total gift pledged in the authorization box)

100% of the donation is available to the recipient immediately upon notification of the contribution from the Foundation

The Foundation must be assured all gifts are collected. Payroll deductions will be deducted between November and August. Should an employee leave the district before the total annual gift has been collected, the balance of the gift will be deducted from the employee's final paycheck.

☐ Attach check or money order –payable to **The West Ada Education Foundation**

3. Distribution of My Gift

My donation will support:

☐ **Classroom Donation** Teachers can invest in their own classrooms, receive the full amount of the donation upfront, and may have taxable benefits*

Teacher's Name: _____ School: _____ Gift \$ _____

Teacher's Name: _____ School: _____ Gift \$ _____

☐ **RISE**
Resources for
Individuals & Students
in Emergency

Fun Fact: WAEF assisted over 495 families in emergent need last school year

\$50/month can help fund the equivalent of one month's worth of emergency groceries for a family of 5, removing barriers for their students to thrive in school. (Formerly Bridging The Gap)

Gift \$ _____

☐ **Hoops 4 Hunger**

Fun Fact: In West Ada every hungry child is fed, regardless of their ability to pay.

Many families can't afford meals but don't qualify for free lunch-- \$100/mo. provides a student with breakfast and lunch for an entire month.

Gift \$ _____

☐ **Innovation Grants**

Fun Fact: 1/3 of the 66 innovation grants WAEF funded last year were under \$500

\$50/month can help fund more of these impactful grants, bringing creativity and innovation into classrooms across the district.

Gift \$ _____

☐ **School or district-wide program or project** (i.e. Nursing, West Ada Reading, Athletics, Art, Music, Field Trips)

Program/Project Name: _____ School: _____ Gift \$ _____

Total Amount of Gift \$ _____

(Must equal total amounts indicated below)

4. Authorization:

(Pledge card must be signed to be valid):

Date of Pledge

I pledge a total gift of \$ _____

Signature _____

Month _____

Day _____

Year _____

*Items purchased with funds through or granted by the Education Foundation of the West Ada School District stay within the classroom where purchased. If the teacher moves schools within the district, both principals must agree to the transferring of any goods/services related to the foundation. If the teacher leaves the district, all purchases will stay in the classroom where donated.

Return completed donation form to: waef@westada.org

Website: <https://www.westadafoundation.org>