



NAME:

PHONE:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL:

CAMPUS:

I wish to support Mount Vernon ISD through the MVISD Education Foundation. I understand this authorization for payroll deduction will begin September 2025 and will remain in effect for the 2025-2026 school year*, or until cancelled by me in writing.

** Deductions are only for 10 months, September-June.*

- ☐ \$12.00 PER MONTH
- ☐ \$20.00 PER MONTH
- ☐ OTHER AMOUNT: \$.00 PER MONTH
- ☐ I DO NOT WISH MY NAME PUBLICLY RELEASED WHEN GIFTS ARE ACKNOWLEDGED.

Supporters at the \$12 per month level and above will receive a MVISD Education Foundation T-shirt.

- ☐ SHORT SLEEVE ☐ LONG SLEEVE
- ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

SIGNATURE REQUIRED: