



# San Antonio Sports

## 2024-25 Team Ancira Pledge Form

EEID#: \_\_\_\_\_ Store: \_\_\_\_\_ Dept: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address\*: \_\_\_\_\_

Help Payroll make sure it has the most updated contact information (Personal Email and Cell#). Write legibly, please :)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Payroll Frequency: [ ] Weekly [ ] 7<sup>th</sup> / 22<sup>nd</sup> [ ] 15<sup>th</sup> / EOM

### Giving Options

**Recurring** Payroll Deduction (Deductions will run April 1, 2024 to March 31, 2025)

I want the following amount deducted per pay period:

\$5  \$10  \$25  \$50  \$100  Other \$ \_\_\_\_\_

**One-Time** Payroll Deduction

I want the following amount deducted:

\$10  \$25  \$50  \$100  \$500  Other \$ \_\_\_\_\_

*I authorize my employer to deduct the amount selected from my paycheck either each pay period or one time (as selected) as a charitable contribution from me to SA SPORTS charitable fund. I understand that deductions will appear under Charitable Contribution on my pay statement and be made from my post-tax wages. As such, I am responsible to pursue any income tax deduction that I may be eligible to receive when filing my individual tax return. I further understand that I may cancel my donations at any time by providing written notice to my Payroll Department at least 10 days prior to the effective scheduled pay date chosen to stop the contribution. Payroll Deduct starts in April. No goods or services were provided in exchange for this contribution.*

Authorization

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If the address shown isn't correct, please use the Employee Benefit portal to update your address immediately!  
<https://www.employeenavigator.com>

- COMPLETE & RETURN THIS FORM TO YOUR DEPARTMENT MANAGER WITHIN 48 HOURS!
- ALL FORMS REQUIRED EVEN IF YOU AREN'T DOING A CONTRIBUTION.
- NEW HIRES/LOST FORM: GO TO ANCIRA.ORG FOR YOUR BLANK FORM AND TURN 'ER IN!