



SAIA Educational Foundation  
A Vision for the Future!

Thank you for your commitment to the Scaffold & Access Industry Association Educational Foundation (SAIAEF). Your gift supports training and education for the scaffold and access industry.

The mission of the SAIAEF is to advance the scaffold and access industry and to support the mission of the SAIA by providing funds for safety training and education.

The SAIA Education Foundation accepts contributions of all levels. Your gift will help advance the scaffold and access industry and to support the mission of the Scaffold and Access Industry Association by providing funds for safety training and education.

Name(s) \_\_\_\_\_

Please print your name exactly as you would like it to appear in the List of Benefactors.

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Please check here if this is a new address.

Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_

Enclosed \$ \_\_\_\_\_

Gift in Kind. Please describe: \_\_\_\_\_

Please indicate if you are donating to a specific project: \_\_\_\_\_

I wish to make a contribution in  Honor of  Memory of

Name(s) \_\_\_\_\_

Amount \$ \_\_\_\_\_

Occasion \_\_\_\_\_

Please Notify: \_\_\_\_\_

Address: \_\_\_\_\_

BENEFACTOR LEVELS (cumulative)

Diamond \$20,000

Platinum \$10,000-\$19,999

Gold \$5,000 - \$9,999

Silver \$2,500 - \$4,999

Bronze \$1,000- \$2,499

Entry Level Benefactor

I'd like to donate \$\_\_\_\_\_. Payment by:

MY CHECK IS ENCLOSED Please make checks payable to SAIAEF

CHARGE MY CREDIT CARD

SEND ME AN INVOICE TO \_\_\_\_\_

I'd like to make a pledge of \$\_\_\_\_\_. Divide my payments into \_\_\_\_\_ payments.

MONTHLY  QUARTERLY  ANNUALLY

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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

To donate, please remit this form,

along with your payment to:

SAIAEF Donations

3131 52nd Avenue

Sacramento, CA 95823

Or visit [saiaef.org/become-a-donor](http://saiaef.org/become-a-donor)

