



2016-2017 Pacific School PTA Membership and Donation

Return this form to the front office with your donation by
October 7th

Please fill out the following information:

Parent Name: _____ Email: _____

Students Name: _____ Grade: _____

PTA Membership _____ x \$15 \$ _____

PTA Donation:

_____ @ Platinum Level \$415 per child \$ _____

_____ @ Patron Level \$250 per child \$ _____

_____ @ Sponsor Level \$150 per child \$ _____

_____ @ Other amount \$ _____

TOTAL \$ _____

Please enclose a check made payable to Pacific PTA. Return membership fees and donation by October 7th.

*Matching gift from by employer (Pacific PTA Tax ID: 95-6207525)
 My employer, _____, will match my donation.
 _____ Enclosed is a matching gift form.*