

2017/2018 'Invest in Parkwood' Campaign Pledge

Thank you for joining us! Our goals are to have 100% Parkwood parents join our PTA and to raise \$16,000 by October 6th for teacher grants, field trips, enrichment programs and more at Parkwood. With your help we can reach and exceed our goals!

Please submit this pledge form by October 6th, even if you make a donation online through our website.

Yes, we'd like to join the Parkwood PTA at the following level:		
□ \$15 – Individual Membership	☐ \$25 – Family Me	embership for two individuals from the same household.
Yes, we'd like to invest in our child's education at the following level:		
☐ Seed Level: \$50 – 100 families giving at this level fund our After-school Enrichment Scholarships for the year.		
□ Sprout Level: \$100 [\$10/month*] – 60 families giving at this level fund our Teacher Grants for one year.		
☐ Bloom Level: \$200 [\$20/month*] — 30 families giving at this level fund our Fieldtrip Grants for the year.		
☐ Growth Level: \$500 [\$50/month*] – 2 families giving at this level fund our Library Grant.		
☐ Growth Spurt Level: \$750 [\$75/month*] – 10 families giving at this level fund our community-building events. ☐ Vision Level: \$1,000 [\$100/month*] – 3 families giving at this level fund our efforts to support school and district families in need.		
(Note: * One time donations and monthly pledge payments can be made via paypal on our website www.parkwoodpta.org/get-involved/donate)		
Payment Options - Please check the appropriate boxes		
☐ My check for the full amount of \$ is enclosed (please make checks payable to Parkwood PTA).		
I have made my donation online in the amount of \$		
I am making my pledge payments online monthly via paypal. Please visit: www.parkwoodpta.org/get-involved/donate		
My monthly pledge amount is: \$	/month for 10	0 months, for a total donation of: \$
☐ Please charge my ☐ Visa ☐ MasterCard f	or my gift of \$	
☐ Charge amount once in full ☐	I Charge amount quarterly	☐ Charge amount semi-annually
Credit card number:		Exp. Date:/
Security Code on back of card:		Zip code of billing address:
☐ My company will match my gift. Company name:		
Your Contact Information – <u>Please fill th</u>	is in even it you make you	ur donation online
First/Last Name:	Sti	udent Name:
Student's Classroom Teacher:		Grade:
Street Address:		
City:	State: Zip:	:
Best Phone:	Email(s):	
Todav's Date:		☐ This is an anonymous donation