

PARKWOOD 2014/2015 'Invest in Parkwood' Campaign Pledge

PRIDE CONTRIBUTE

Thank you for joining us! Our goal is to raise \$12,500 by October 17 for teacher grants, field trips, enrichment programs and more at Parkwood. With your help we can reach and exceed our goal!

Yes, we'd like to participate in the 'Invest in Parkwood' Campaign at the following level:

- Seed Level: **\$50** – Fifty gifts at this level fund our after-school enrichment scholarships for the year.
- Sprout Level: **\$100** [\$10/month] – Sixty gifts at this level fund our Teacher Grants for one year.
- Bloom Level: **\$200** [\$20/month] – Eight gifts at this level fund our fieldtrip grants for the year.
- Growth Level: **\$500** [\$50/month] – Fourteen gifts at this level would allow our librarian to buy one new book per student this school year.
- Growth Spurt Level: **\$750** [\$75/month] – Four gifts at this level fund specialty programs within the classroom and emergency kits for each student.
- Vision Level: **\$1,000** [\$100/month] – Four gifts at this level fund our community-building events throughout the school year, from Heritage Night, to Talent Show, our School Dance and more.
- Choose My Own Level: \$_____ - Gifts of any size are welcome and much appreciated. Every dollar makes a difference.

(Note: Pledge payments can be made monthly via paypal on our website www.parkwoodpta.org/get-involved/donate)

Payment Options

- My/our check for the full amount of \$_____ is enclosed (please make checks payable to Parkwood PTA).
- I/we will make our pledge payments online monthly via paypal. Please visit: www.parkwoodpta.org/get-involved/donate
My/our monthly pledge amount is: \$_____/month for 10 months.
- Please charge my/our Visa MasterCard for my/our gift of \$_____.
 - Charge amount once in full Charge amount quarterly Charge amount semi-annually
 - Credit card number: _____ Exp. Date: ____/____
 - Security Code on back of card: _____ Zipcode of billing address: _____
- My company will match my gift. Company name: _____

Name (Please print): _____ Signature: _____

Today's Date: _____

This is how I/we would like to be recognized whenever Parkwood publishes its list of supporters: _____

_____ This is an anonymous donation

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Please mail or bring this form by October 17 to:
Parkwood Elementary School PTA, 'Invest in Parkwood' Campaign, 1815 N. 155th, Shoreline, WA 98133.