



Spruce Street School PTA Annual Direct Appeal 2014-2015

Today's Date _____

Name of Parent(s) or Others Making Contribution _____

Child/Children Grades: Pre-K ___ K ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ (check all that apply)

Address _____

City, State, Zip Code _____

Telephone _____ Email* _____

*Letter acknowledging contribution for tax purposes will be emailed to above email address.

The suggested contribution of \$900 per child reflects the amount we need to meet our goals.

\$900 x # of children ___ = \$ _____ Other Amount = \$ _____

\$500 x # of children ___ = \$ _____

Any amount is appreciated and all donations are confidential

\$250 x # of children ___ = \$ _____

YES, MY COMPANY: _____ PARTICIPATES IN A **MATCHING GIFT** PROGRAM.
AND I WILL INITIATE THE PROCESS.

I AM **UNSURE** IF MY COMPANY: _____ PARTICIPATES, **PLEASE CONTACT ME.**

A. Please find enclosed a check (payable to Spruce Street School, P.S. 397, Parent-Teacher Association)

B. Please charge my credit card a one-time charge.

C. Please charge my credit card in equal monthly installments. Last payment month is June 2015.

Name of cardholder (please print) _____

CC# _____ Expiration _____ Visa ___ MC ___ Amex ___

Security Code _____ Billing Zip Code _____

Signature of cardholder _____

D. I have made my gift online through the Spruce Street website: sprucestreetpta.org/direct-appeal

THANK YOU FOR YOUR SUPPORT!

Return this form Attn: PTA Treasurer in the PTA mailbox in school office

For questions please email: ptatreasurer@sprucestreetnyc.org