



IRVINE PUBLIC SCHOOLS FOUNDATION

Parents Appreciating Teachers and Staff Our Teachers And Staff Deserve "PATs" On the Back!

Irvine Public Schools Foundation's Parents Appreciating Teachers and Staff (PATs):

- A great way to recognize teachers, principals, administrative staff, the school nurse, counselor, or custodian....anyone who makes a difference in your child's education.
- Your tax-deductible donation goes directly back into the classroom through IPSF's **Innovative Teaching Award Program (ITAP)**, which provides grants to IUSD teachers.
- Teachers and staff receive a personalized **CERTIFICATE OF RECOGNITION** with a small **GIFT** expressing your thanks!

Appreciate your favorite teacher or staff member today!

\$25.00 donation recognizes one (1)

\$50.00 donation recognizes three (3)

\$75.00 donation recognizes five (5)

\$100.00 donation recognizes seven (7)

\$125.00 donation recognizes nine (9)

All Donations Must Be Received By March 2, 2012.

Certificates will be distributed during Teacher Appreciation Week in May 2012

PLEASE PRINT CLEARLY

Teacher or Staff Member's First and Last Name:

(If you are recognizing more than one person, please include necessary information on the back of this form.)

School or Location: _____

Student's Name: _____

Optional personal message to be printed on certificate (20 words or less **only** please):

Parent Name: _____
First Last

Phone Number: (____) _____ Email: _____

Home Address: _____
Street City Zip

Payment:
 Visa Mastercard Check or Money Order made payable to IPSF

Card Number: _____ Exp. Date: _____ Security Code: _____

Signature: _____ Total Payment: \$ _____

Irvine Public Schools Foundation is a non-profit, 501(c)(3) organization.

Mail check/credit card information with this page to IPSF: PATs, 18552 MacArthur Blvd., Ste. 200, Irvine CA 92612

PLEASE PRINT CLEARLY

2. Teacher or Staff Member's First and Last Name:

School or Location: _____

Student's Name: _____

Optional personal message to be printed on certificate (20 words or less only please):

3. Teacher or Staff Member's First and Last Name:

School or Location: _____

Student's Name: _____

Optional personal message to be printed on certificate (20 words or less only please):

4. Teacher or Staff Member's First and Last Name:

School or Location: _____

Student's Name: _____

Optional personal message to be printed on certificate (20 words or less only please):

For additional information, please call (949) 263-8340
To make a general donation to IPSF: <http://ipsf.net/Donate.shtml>. Thank you!



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TO VIEW A TRANSLATED VERSION OF THIS FORM, PLEASE GO TO: www.ipsf.net

이 형식의 번역본을 보시려면, 다음 웹사이트를 방문하시기를 바랍니다.

www.ipsf.net

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خواهشمند است برای آگاهی از متن ترجمه این فرم به سایت www.IPSF.net مراجعه فرمایید.