

# PTA Pledge Drive Form

## 1 Donor information

Please print clearly.

Use the reverse side for friends, family, neighbors, and co-workers.

\_\_\_\_\_  
Last Name of Donor

\_\_\_\_\_  
First Name of Donor

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_) \_\_\_\_\_  
Daytime Phone

(\_\_\_\_) \_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Student name(s)

## 2 Donation amount

The suggested donation is \$250 per family. Donations of any amount—whether smaller or larger—will be gratefully accepted. Donations are fully tax-deductible and confidential. You will receive a receipt for your tax records by mail.

\$250    \$200    \$150    \$100    \$50    \$\_\_\_\_\_

## 3 Payment options

Check payable to Springbrook PTA   Check no. \_\_\_\_\_

Credit Card  
Type of card:    MasterCard    Visa    American Express

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Exp. date

\_\_\_\_\_  
3-digit security no.   Print name on card

\_\_\_\_\_  
Signature

## 4 Donor recognition options

The PTA would like to recognize your participation by listing your name on flyers, bulletin boards, etc. Donation amounts will not be included. Please indicate your preference:

Recognize us as: \_\_\_\_\_

*Example: The Smith Family, Mary & Bob Smith, Susie Smith's Family*

Do not list our name; we prefer to remain anonymous.

## 5 Mail or drop off your form

Please mail this form and your payment using the enclosed, pre-addressed envelope. Or, drop off your envelope at the school office.

**Use this side for friends, family, neighbors and co-workers.**  
**Please make additional copies as needed.**

**Donor information**

Please print clearly.

\_\_\_\_\_  
Last Name of Donor

\_\_\_\_\_  
First Name of Donor

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Evening Phone

Donation amount: \$ \_\_\_\_\_ Student Name \_\_\_\_\_

Check payable to Springbrook PTA Check no. \_\_\_\_\_

Credit Card  
Type of card:  MasterCard  Visa  American Express

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Exp. date

\_\_\_\_\_  
3-digit security no. \_\_\_\_\_  
Print name on card

\_\_\_\_\_  
Signature

**Donor information**

Please print clearly.

\_\_\_\_\_  
Last Name of Donor

\_\_\_\_\_  
First Name of Donor

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone Evening Phone

Donation amount: \$ \_\_\_\_\_ Student Name \_\_\_\_\_

Check payable to Springbrook PTA Check no. \_\_\_\_\_

Credit Card  
Type of card:  MasterCard  Visa  American Express

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Exp. date

\_\_\_\_\_  
3-digit security no. \_\_\_\_\_  
Print name on card

\_\_\_\_\_  
Signature

**Mail or deliver to:**

**Springbrook Elementary PTA**  
**655 Springbrook North**  
**Irvine, CA 92614**  
**(949) 936-6050**