

2018 - 2019 POINT DUME MARINE SCIENCE DONATION FORM

PARENT NAME(S):

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____ PHONE #: _____

CHILDREN FIRST/LAST NAME & GRADE: _____

DONATION & PAYMENT METHOD

SUGGESTED DONATION OF \$2,000 PER CHILD. PARTICIPATION AT ANY LEVEL IS WELCOME

PLEASE INCLUDE MY TAX DEDUCTIBLE DONATION:

POINT DUME MARINE SCIENCE PTA ANNUAL FUND

CASH \$ _____

CHECK PAYABLE TO PDMSS PTA: \$ _____ CHECK #: _____

CREDIT CARD- 1X PAYMENT OF \$ _____

CARD #: _____

EXPIRATION DATE: _____ CVV CODE: _____

BILLING ADDRESS: _____

BILLING CITY, STATE, ZIP CODE: _____

SIGNATURE: _____

CREDIT CARD- MONTHLY INSTALLMENT PLAN IS AVAILABLE:

PLAN 1: PAY SUGGESTED **\$2,000 PER CHILD** DONATION BY **END OF 2018:** MONTHLY
INSTALLMENT AMOUNT OF **\$400 IN 5 MONTHS** FOR A TOTAL OF \$2,000

PLAN 2: PAY SUGGESTED **\$2,000 PER CHILD** DONATION BY **END OF MAY 2019:**
MONTHLY INSTALLMENT AMOUNT OF **\$200 IN 10 MONTHS** FOR A TOTAL OF \$2,000

CUSTOM PLAN: MONTHLY INSTALLMENT AMOUNT OF \$ _____ **FOR**
_____ **MONTHS FOR A TOTAL DONATION OF: \$** _____

MY EMPLOYER OFFERS A CORPORATE MATCHING GIFT PROGRAM.

COMPANY/EMPLOYER NAME _____ MATCHING AMOUNT: \$ _____

MY EMPLOYER WILL SEND MY DONATION AND COMPANY MATCH

ENCLOSED IS THE MATCHING GIFT

I HAVE APPLIED WITH MY EMPLOYER AND THEY WILL SEND THE DONATION DIRECTLY.