California State PTA
everychild. onevoice.

2327 L Street, Sacramento, CA 95816-5014 916.440.1985 • FAX 916.440.1986 • info@capta.org • www.capta.org

DONATION FORM

HONORARY SERVICE AWARD PROGRAM FUND

SHIP TO:

Name _____

Street Address _

City _____

Zip _____

Contact Person _____

Telephone E-mail _____

I (We) wish to donate to the Honorary Service Award Program Fund the sum of $_____

DONATION (please check one)

- ☐ In tribute
- ☐ In memoriam

IF DONATION IS $10.00 OR MORE (please check one)

- ☐ Acknowledgement card
- ☐ Certificate suitable for framing

SEND ACKNOWLEDGEMENT (IN MEMORIAM) TO

- ☐ Name and address above
- ☐ Family of deceased

Name _____

Street Address _____

City _____ Zip _____

Presented to _____
(name of individual or group)

Given/Presented by _____
(name of unit, council, district PTA, or individual)

Council _____ District PTA # _____

PAYMENT REQUIRED WITH ALL ORDERS

MAIL ORDERS
California State PTA
2327 L Street
Sacramento, CA 95816-5014

FAX ORDERS
CREDIT CARD ONLY
DO NOT MAIL FAXED ORDERS
916.440.1986

FOR INFORMATION CALL
916.440.1985 ext. 105
NO TELEPHONE ORDERS

METHOD OF PAYMENT *(Check appropriate box)* ***Allow 4 to 6 weeks for delivery.***

☐ CHECK or MONEY ORDER payable to **California State PTA**
–A fee of $10.00 will be charged for any check returned due to insufficient funds.
–Two signatures required on ALL PTA/PTSA checks.

☐ MasterCard ☐ VISA *(PERSONAL credit cards only)* CIN # ___ ___ ___

Zip Code ___ ___ ___ ___ ___

___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___/___/___/___/ ___ ___ / ___ ___
Credit Card Number Exp. Date

Print Name _____

Signature _____

FOR OFFICE USE ONLY:

Authorization # _____ Ck # _____ AMT._____ ❒ PTA ❒ PER

Reference # _____ Invoice # _____ 2007