



## In Memoriam or Tribute Donation

Print Donor Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Telephone (\_\_\_\_\_) \_\_\_\_\_

**I wish to pay by PayPal** (Click here to donate electronically.) – for website use

- Check** (Make check or money order payable to California State PTA.)  
 **VISA**       **MasterCard**

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name of Card Holder \_\_\_\_\_ CIN # \_\_\_\_\_  
Signature \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please accept this contribution in**  **Memoriam**     **Tribute**

In the amount of \$ \_\_\_\_\_

In the name of \_\_\_\_\_

To be used for California State PTA

- graduating high school senior scholarships  
 PTA volunteer scholarships  
 grant program  
 leadership outreach  
 other \_\_\_\_\_

**Print name and address of the individual to receive notice of the donation.**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

***Thank you***

**Please send me information on how I can become a PTA member.**

**Mail or fax to:** California State PTA, 2327 L Street, Sacramento, CA 95816  
FAX (916) 440-1986 | Phone (916) 440-1985 | info@capta.org | www.capta.org