



In Memoriam or Tribute Donation

Print Donor Name _____
Address _____
City _____ Zip _____
E-mail _____
Telephone (____) _____

To make a payment electronically, contact **info@capta.org** to request an ACH invoice

To pay via check, please send a copy of this form along with a check made out to California State PTA to the address below.

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

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