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

Revised September 2022