



## 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](mailto:info@capta.org) | [www.capta.org](http://www.capta.org)