



In Memoriam or Tribute Donation

Print Donor Name _____
Address _____
City _____ Zip _____
Email _____
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