

Enclosed is our FULLY TAX DEDUCTIBLE, confidential donation to Grant's Annual Giving Campaign.

Choose one or fill in 'other'

\$350

\$700

\$1050

Other \$

We would like to pay in the following manner:

(1) By check

Check number _____ (checks are payable to "Grant Parent Teacher Association of Santa Monica, Inc.")

(2) Credit Card

Pay in full OR *10 Monthly installments

* We will pay in ten equal credit card installments of \$_____ in Sept through June

(Total donation must be at least \$350)

Visa

Mastercard

Name on credit card

Credit card number

Exp date

Signature

Phone:

Your name(s) will appear on a published Donor List as listed below.

If you DO NOT want to be on this list please check this box

Donor Names

Address

City

Zip

Children's Names

Email address

Grades

Please complete this form and return with your donation. The sooner we receive your check or credit authorization, the sooner we may implement these programs. Tax ID # 95-6204579

THANK YOU for supporting Grant Elementary through our Annual Giving Campaign!
2368 Pearl St. Santa Monica, CA 90405 | Ph. 310-450-7651 | Fax. 310-452-4350