



2019-2020 DIRECT APPEAL

Please send your form/check to school in your child's communication folder or mail to the address below.

1. DONOR INFO:

Donor's Name:

Student(s) Name(s):

Grade(s):

Billing Address:

City:

State:

Zip Code:

Phone:

Email Address:

2. DONATION AMOUNT: Suggested donations by grade level are indicated, however any amount that fits your family budget is appreciated. I would like to make the following donation (check one)

- ☐ \$3,000 ☐ **\$1,500 (suggested per child for K-4th grade)** ☐ \$750 ☐ \$200 ☐ \$50
☐ \$2,000 ☐ **\$1,000 (suggested per child for 5th-8th grade)** ☐ \$500 ☐ \$100 ☐ Other _____

3. PAYMENT OPTIONS (check one):

- ☐ I would like to pay in full.
☐ I would like to donate the above amount in _____ (#) monthly installments. (online credit card only) See below.

4. METHOD OF PAYMENT (check one):

- ☐ Check enclosed (payable to Q300 Parent-Teacher Association, Inc.)
☐ Credit Card - All credit card and installment plans are online only. Visit <https://www.Q300pta.net/da>, scroll to the bottom, and click on the PayPal button for the type of payment you would like to make. **(Please note that Q300 PTA pays a transaction fee on all credit card payments.)** If you do not make a corresponding payment online, the PTA will contact you with instructions on how to follow up on your pledge online. **This form is not a credit card authorization.**

5. CORPORATE MATCHING:

- ☐ My employer has a program that will match my donation. Company's name: _____
Please verify that PTA/PTO/PAs are eligible and follow the program's instructions to make a donation.

6. CHALLENGE GRANT:

- ☐ I would like to make an additional pledge toward a challenge grant to encourage a high Direct Appeal family participation rate. The PTA will contact you for more info.

***Q300 Parent-Teacher Association, Inc. (EIN: 47-2258209) is a 501(c)3 non-profit organization.
Your charitable contribution is tax-deductible to the extent allowed by law.***

Lower Division: 28-37 29th Street, Astoria, NY 11102
Upper Division: 31-51 21st Street, Long Island City, NY 11106
directappeal@q300pta.org; www.q300pta.org

For PTA USE ONLY: Receipt Date: _____