

2011-12 Kaiser PTA Membership

Please return form & payment to your child's teacher or the PTA Membership Box outside the front office by **Friday, October 28th**.

Parent's Name(s) _____

Address: _____

City/Zip: _____

Email Address: _____

Home Phone #: _____

Cell Phone#: _____

I authorize Kaiser's PTA to include my information in the school directory

Please do not include my information in the school directory

Children's First/Last Names

Teacher(s) Names/Grade

Membership dues and enrichment donations are tax-deductible.

Yes! I want to join the Kaiser PTA

Membership: \$ 10.00 X (# _____ of adults) = \$ _____

Yes! In addition to my membership, I want to make an enrichment contribution to continue programs like music, computer, art and library. **This year's pledge drive goal is \$30,000.**

other \$ _____

Total Enclosed (Membership + Pledge) \$ _____

PAYMENT (CHECK, CASH, CREDIT CARD)

Cash Amount Enclosed: _____

- My check is attached (write check to **Kaiser PTA**)
- Credit Card (paid online at kaiserelementary.org - donate button)
- Credit Card (see below)

I _____ authorize Henry J. Kaiser, Jr. Elementary School PTA to charge my credit card account as indicated below:

One time payment of \$ _____

Reoccurring monthly pledge payment of \$ _____ beginning _____

and ending _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____