



Plaza Vista School
2020-2021 Pledge Drive - We Rise By Lifting Others



Thank you for supporting the Plaza Vista PTA! Without your donations, we would not be able to fund many programs throughout the school for both our on-campus and IVA students. Please complete the form below and return it in your child's conduit, to your child's teacher, or drop it off at the PTA box in the front office. Remember, all donations are tax deductible!

Our Plaza Vista PTA Tax ID# is 33-0877432. Thank you again for your support - Plaza Vista PTA.

(Only one form per family is needed – Please return this form with your donation & PRINT CLEARLY)

Your Information

Parent/Guardian name(s): _____

Email(s): _____ Phone: _____

Plaza Vista Student Information

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

PTA Membership Options	Includes	Cost	My Pledge
Membership plus Suggested Drive Donation	2 PTA memberships and suggested donation of \$250	\$276.00	
Family Membership Only	2 PTA memberships	\$26.00	
Single membership	1 PTA membership	\$21.00	

Pledge Drive Donation	Payment Options (Check one)	Other Donation Amounts
The suggested minimum donation per family is \$250 . With that said, every dollar makes a difference! Payments may be made in full or in 4 easy payments.	By credit card 1 payment 4 payments (Make your secure credit card payments by going to the Plaza Vista PTA website at www.plazavistapta.com)	\$500 \$250 \$150 \$100 \$50 Other amount \$ _____
	By check (payable to Plaza Vista PTA)	

Match your donation: Financial support for education is also available through corporate gift matching. Please check with your employer to see if they have a donation matching program for schools.

A. PTA Membership Total Single membership \$21, Family \$26	\$
B. Pledge Drive Donation	\$
Total Membership/Donation Due (A + B)	\$

Remember to follow Plaza Vista on Facebook and Instagram for updated information!

For Plaza Vista PTA Use Only – Do not Complete

Date received:	Check # Cash	Amount Received:	Verified By:	Date Entered:
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