



Galileo GIVE Week Dona-

Giver's Information:

Giver's Name: _____ Giver's Name: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Email: _____
 Student Name: _____ Teacher/Grade: _____
 Student Name: _____ Teacher/Grade: _____
 Student Name: _____ Teacher/Grade: _____
 Student Name: _____ Teacher/Grade: _____

Donations: (Due by Oct. 19, 2018)

Suggested donation is \$50 per student. Our goal is 100% participation and \$30,000.

Any donation amount is welcomed!

I wish to donate: \$50 \$100 \$250 \$500 \$1000 \$_____

Your donation amount will be divided equally between the students listed on this form for the classroom competition.

Payment Methods:

My check is attached (*payable to **The Galileo PTA***) Check # _____

Cash Amount \$ _____

Donate online @ **www.TheGalileoPTA.com**

*Please deliver this form w/payment to the **Galileo STEM Academy Front Office** or to your student's teacher.*

*Or mail to **The Galileo PTA, 4735 West Saguaro Drive, Eagle, ID 83616***

Employer and Corporate Matching:

Does your employer (or a family member's employer) participate in a corporate matching program?

To find out, please contact your HR department for details. Need assistance? Send us an email.

Employee's Name: _____ Employer: _____

THANK YOU FOR YOUR SUPPORT!

Questions? Email us @ GalileoSTEMPTA@gmail.com

PLEASE MAKE A COPY FOR YOUR RECORDS. THIS IS YOUR RECEIPT.

The Galileo PTA is a 501C3 non-profit volunteer support group (TAX ID: 26-0765479)

Your donations are 100% tax deductible. Amount \$ _____

