

# Friends of Hawthorne Donation/Pledge Form

## DONOR INFORMATION:

Name: \_\_\_\_\_

Please write your name as you wish it to be listed on the published Donors' List.

\_\_\_\_\_ Please do not include my/our name(s) on the published Donors' List.

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## DONATION INSTRUCTIONS:

I /We want to make my/our donation for \$ \_\_\_\_\_.

Enter Amount

- I/we are paying immediately by check. (Payable to *Hawthorne School PTA.*)
- Charge my donation in full immediately to my credit card.
- Charge my donation at a later date: \_\_\_\_\_.

Enter Date

- Divide my donation into equal monthly payments.

(Please note: First payment will be charged on receipt of form and final payment will be charged in May with payments divided equally in between.)

Credit Card No.: \_\_\_\_\_

Name on Card: \_\_\_\_\_

\_\_\_\_ Visa \_\_\_\_ M/C \_\_\_\_ Am. Ex. Exp. Date: \_\_\_\_\_

(Please check one.)

Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

(Authorization to charge card as directed above.)

## STUDENTS' INFORMATION:

Child's Name	Grade	Home Room Teacher