

ALVARADO ELEMENTARY SCHOOL
2008-2009 Annual Fund
Commitment Form

I AM PLEASED TO SUPPORT ALVARADO AND OUR PTA!

- \$250 \$100 \$60 \$25
 \$5,000 \$2,500 \$1,000 \$500 Other _____

I prefer to make payments of (credit cards only):

\$ _____ monthly \$ _____ quarterly (Sep., Dec., March, June)

Name(s) of donor(s)

Address

City, State, Zip

Preferred Telephone

E-mail Address

Child(ren) names and grades

My employer has a matching gift program:

Employer _____

Check Visa Mastercard Other _____

Credit Card Number/Security Code

Expiration date

Name on Credit Card

Signature

Please make checks payable to: Alvarado PTA
And send to: 625 Douglass, San Francisco, CA, 94114

Or put in the PTA mailbox in the office or
send with your child to give to his/her teacher.

Your gift to the Alvarado PTA is fully tax deductible, ID 94-6171208