Spiritridge Elementary PTSA Walkathon Donation Sheet

Thursday, October 10, 2019 1-3 PM.

Teacher:			_ Phone	#:	_ Grade:			
			Please make checks payable to Spiritridge PTSA					
			Spiritridge Elementary PTSA is a tax-exempt nonprofit organization under Section 50[c]3 of the U.S. Internal Revenue Code. Our Charitable Solicitations number, assigned by the State of Washington, is SPE L88-32					
Nam	ne & Address	Amount Donated	Amount matched by employer	Employer/Company Name	y Payment	Amount		
1.					☐ Check ☐ Paid Online			
2.					☐ Check ☐ Paid Online			
3.					☐ Check☐ Paid Online			
4.					☐ Check☐ Paid Online			
5.					☐ Check ☐ Paid Online			
6.					☐ Check ☐ Paid Online			
7.					☐ Check ☐ Paid Online			
Cturd and a that	Grand Totals		anthon Det (et.)	ford on impal)				
Students that r	raise \$300 or more red	<u> </u>		e counted towards the 100	N/ class contact!			
				forms to your child's teach				
			Treasurer's Use On					
Cash Received		Amount: \$	Credit Card Received Date:		Amount: \$			
Checks Received		Amount: \$	Date:	Amount: \$	Deter			
Letter Sent	Date:	Call Made	Date:	Matching verified	Date:			

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Student's Name:			Phone #:			Grade:				
Teacher:			Spiritridge Elementary PTSA is a tax-exempt nonprofit organization under Section 50[c]3 of the U.S. Internal Revenue Code. Our Charitable Solicitations number, assigned by the State of Washington, is SPE L88-32							
Nan	ne & Address	Amount Donated	Amount matched by employer	Employe	er/Company lame	Paym	ent	Amount		
8.						☐ Check ☐ Paid Or	nline			
9.						☐ Check☐ Paid Or	nline			
10.						☐ Check☐ Paid Or	nline			
11.						☐ Check☐ Paid Or	nline			
12.						☐ Check☐ Paid Or	nline			
13.						☐ Check☐ Paid Or	nline			
14.			☐ I am unable to donate at this time but would like to donate my time to the school. Please have the Volunteer coordinators contact me.				Contact Phone #: Email:			
	Grand Tota									
Students that	raise \$300 or more re	eceive a Spiritridge st be turned in by <i>Thur</i>				100% class	contostl			
		tions collected and a								
			For Treasurer's U							
Cash Received	Date:	Amount: \$	Credit Card	Received	Date: Amount: \$					
Checks Received	Date:	Amount: \$	Date:		Amount: \$					
Letter Sent	Date:	Call Made	Date:		Matching verifi	rified Date:				