

Welcome to a new year at iLEAD NoHo with Parents In Partnership

Parents In Partnership (PIP) is a non-profit, volunteer organization that supports all the stakeholders at iLEAD NoHo.

We are an enthusiastic community of parents whose sole purpose is to support the vision of our Directors, the needs of the Facilitators and the goals of our children at iLEAD NoHo through inclusivity, transparency and accessibility.

We know that fundraising and volunteer support will help provide the “extras” that will enable our learners to soar, such as: support for Drama, Speech & Debate and Music electives, field trips, technical equipment, theater lighting, lab equipment, etc.

We always need volunteers to help with events, fundraising, beautification, etc.

Please let us know your contact information so we can email you about events and any volunteer needs.

Please use the Donation Form on the back to Donate Today!

Parent Name: _____

Parent Email: _____

Parent Phone Number: _____

Child's Name: _____

(Please circle your interests) I'd like to help with: Events Fundraising Beautification

Other ideas I have to help: _____

Please *like* us on Facebook. You can reach us at pipinpartnership@gmail.com

Please go to our website for more information: parentsinpartnership.net

(OVER)

Parents In Partnership (PIP) Annual Giving Donation Form

Our “ask” is \$500 per child, however our goal is 100% participation.

ANY amount that works for your family will be greatly appreciated and counts toward participation. Please support Parents In Partnership (PIP) as we all dedicate ourselves to the growth, excitement, collaboration and creativity of iLEAD NoHo.

**YOUR DONATION IS TAX DEDUCTIBLE and
WILL DIRECTLY BENEFIT THE CHILDREN AT iLEAD NOHO!**

Level of Support: ___\$3000 ___\$1500 ___\$900 __\$500 ___Other: \$_____

FAMILY INFORMATION:

Family Name: _____

Email Address: _____

Contact number: _____

Learner (Child's) Name & HQ: _____

___ My employer participates in an employee matching contribution program. (Please contact your company for the matching form)

Company: _____ Employee Name: _____

PAYMENT INFORMATION: Total family donation: _____

___ My check to PARENTS IN PARTNERSHIP is attached.

___ My installment payments of predated checks are attached.

**Please deliver this form with your check to Tracy or Kim at the front desks
in the iLEAD NoHo lobby.**

Any questions, ideas, suggestions please contact: pinpartnership@gmail.com

Parents in Partnership is a 501(c)3 non profit organization

THANK YOU SO MUCH!

(OVER)