



Annual Giving Form



TYPE OF DONATION

Single Contribution

I/We wish to make an outright gift of \$ _____ payable to "Florida PTA" (cash or check enclosed).

Recurring Gift

I/We promise to make my/our gift in equal installments of \$ _____ beginning in _____ (month/year.)

I/We intend to make payments Monthly Semi-Annually Annually

I/We intend to pay by Credit Card Electronic Fund Transfer (EFT)

A Florida PTA representative will contact you by phone for your credit card or bank account information.

GIFT DESIGNATION

I/We wish my/our gift to be used for: Greatest Florida PTA Need! General Scholarship Fund

Specific Fund or Program _____

If no designation is indicated, your gift will be directed to the Florida PTA Building Fund.

DONOR INFORMATION

Name(s) _____

Cell Phone _____

Address _____

Home Phone _____

City, State _____

Business Phone _____

Zip _____

Employer _____

Email _____

Title _____

Matching Gifts: If you or someone in your household works for a matching gift company, contact your human resources department to see if your gift qualifies for a company match.

Signature: _____ **Date:** _____

FAX completed form to 407-240-9577

EMAIL completed form to accounting@floridapta.org

MAIL completed form to Florida PTA

1747 Orlando Central Parkway Orlando, FL 32809

For Office Use Only			
Date Received		Check #	
Pledge Entered		Donor Rec	