



# 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](mailto: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	