

## 5<sup>th</sup> Grade Back to School Request 2014-2015 Sunnyside Environmental School

Because of your volunteer efforts and financial support, our school helps kids grow. Please fill out this request now and give as you are able!

*Go online to [sesptsa.com](http://sesptsa.com) to complete this form digitally, see the Frequently Asked Questions and access other informational links.*

This is the cost of the sustainability program, art enrichment and program supplies provided for your child. Your donation pays for important programs unique to Sunnyside.

Thank you for all you do to support the children at SES! If you have questions or concerns please call Principal Amy Kleiner 503-916-6226 or visit: [www.sesptsa.org](http://www.sesptsa.org).

**My Name** \_\_\_\_\_ **My Student** \_\_\_\_\_

### 5<sup>th</sup> Grade Immediate Program Support

|  |              |
|--|--------------|
| <b>Total tax-deductible program support: give this amount or give what you can</b> | <b>\$179</b> |
| Sustainability Program   | \$58         |
| Recorder Instruction   | \$20         |
| Shakespeare Theatre Intensive  | \$25         |
| Class Supplies   | \$20         |
| Library, Grounds, Art, Science & other supplies                                    | \$46         |
| Bus Tickets  | \$10         |

Just \$14.92 per month!  
See form on back to enroll in easy monthly payments.

|   |           |
|---|-----------|
| I can help! Here is my tax-deductible donation to SES PTSA for <i>program support</i>   | \$        |
| I also want to support school staffing (\$50 suggested Foundation donation)   | \$        |
| I can help another SES family by sponsoring a child for an additional   | \$        |
| I can buy a Chinook Book <u>   </u> of books x \$20 per book =  | \$        |
| I would like to join PTSA <u>   </u> of memberships x \$10.50 per member=   | \$        |
| <b>My Total Donation</b>  | <b>\$</b> |
| <b><i>To pay monthly, divide your donation by the number of months remaining until September 2015 and use the form on back.</i></b> | <b>\$</b> |

**We appreciate any amount or type of donation! 100% of cash, check or monthly direct deposits will go to SES Programs. (We pay a small fee for credit card donations.)** SES PTSA is a nonprofit and donations are tax deductible.

- **To pay monthly**, use the form on the back
- **To pay by check**, enclose a check to SES PTSA and drop-off in the front office or mail to SES PTSA, 3421 SE Salmon St. Portland OR 97214
- **To pay by credit or debit card**, go to [sesptsa.org](http://sesptsa.org)

# Thank You!

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### Preview of 2014-15 Expenses

Do not pay now! The school will coordinate payment later.

### Estimated Fall Classroom Costs: 5th Grade

|   |              |
|---|--------------|
| Field Trips & Field Studies               | \$48         |
| Overnight: Camp Arnold                    | \$185        |
| <b>Total estimated classroom expenses</b> | <b>\$233</b> |

PORTLAND PUBLIC SCHOOLS  
Authorization for Direct Payment  
Sunnyside Environmental School PTSA

\_\_\_\_ I am starting my subscription for the first time. I would like my monthly gift of \$\_\_\_\_\_ to Sunnyside Environmental School (SES) PTSA to be automatically transferred from my bank account on the 20th day of each month until September 2015. I hereby authorize SES PTSA through Portland Public Schools to debit (or credit in case of adjustment) my account until I notify them in writing of termination of this agreement. I also understand that confidentiality will be kept regarding account information, pledge amount, and pledge funds allocation. My donation will begin on the 20<sup>th</sup> of the month following submission of this form. This may mean money may transfer in the month I submit this form.

\_\_\_\_ I want to continue my previous subscription for the monthly gift amount of \_\_\_\_\_. If there are bank account changes please indicate below.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Checking Account No. \_\_\_\_\_

Savings Account No. \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Financial Institution Address \_\_\_\_\_

\_\_\_\_\_

Attach a voided check or savings deposit slip

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ TelephoneNo.(\_\_\_\_) \_\_\_\_\_

(Optional for joint account)

Signature \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_ TelephoneNo.(\_\_\_\_) \_\_\_\_\_