



PDMSS PTA Direct Investment Form

YES, WE WANT TO MAKE A DIFFERENCE!

We want our children to have the elementary school opportunities they deserve.

Name: _____

Child(ren): _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____

WE ARE ABLE TO PARTICIPATE AT THE FOLLOWING LEVEL:

- VISIONARY: \$25,000**
- PATRON: \$10,000**
- ADVOCATE: \$5,000**
- PARTNER: \$2,000 per child for _____ child(ren) for a total of: _____**
- OTHER: _____**

OUR CONTRIBUTION WILL BE MADE BY:

- CHECK ENCLOSED FOR \$ _____ payable to **PDMSS PTA**
- CREDIT CARD for \$ _____ Visa / MC / AmEx (please circle card type)

Credit Card #: _____

Name as it appears on credit card: _____

Expires: ___ / ___ Billing Zip: _____ Signature: _____

- PLEDGE FOR \$ _____ PER MONTH for 10 months. Please charge my credit card, above.
- SECURITY TRANSFER ACCOUNT:
Stocks, bonds, or securities as a donation. If checked, we will contact you.
- MATCHING FUNDS FROM MY EMPLOYER
Matching amount: \$ _____ My Employer is _____

- My Employer will send my donation and company match.
- Enclosed is a matching gift form. Please process.
- I have applied with my company for a match.

Please mail this form with your contribution to:
PDMSS PTA / Direct Investment
6955 Fernhill Drive, Malibu, CA 90265
You will receive a letter stating that 100% of your donation is tax-deductible.