LADERA PTO MEMBERSHIP (SDC) 2014 - 2015

"EVERY DONATION COUNTS...EVERY CHILD BENEFITS"

Please list all information that you would like included in the PTO Directory and Digital Directory. Please write legibly as we cannot be responsible for any misspellings. You may join the PTO and choose NOT to have your name listed in either the printed Directory and/or the Digital Directory. Please advise below.

Check this box to COPY the same information from last year's directory. <u>Note ONLY YOUR CHANGES below.</u>

Check this box to EXCLUDE your information from the PTO printed directory.

Parent First Name:	Last Name:	Address (City , State, Zip):	Phone:	Email:
			Hm: Cell:	
			Hm: Cell:	

Please list the names and grades of your children at Ladera:

Student Name	Grade	Teacher

Please select the type of membership you would like:

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Basic	Gold	Platinum*	Diamond**	Other	
□\$25.00	□\$100.00	□\$275.00	□\$500.00+	□\$	

*Platinum and Diamond Memberships include a personalized permanent tile to be placed in your honor on Ladera's "Wall of Fame" at our school. **Diamond Membership for families donating \$500 or more will also be entered into a raffle drawing to win a weekend getaway to Palm Springs. Plus, for each additional \$100 donation over \$500, you will receive 1 extra raffle ticket.

Additional printed directory at \$10.00 each (First directory is included with membership) ____qty. x \$10.00=\$_____

I choose to donate through the following option:

__Check made payable to "Ladera PTO". Check #___

Total Check Amount Enclosed: \$

Credit Card. Ladera PTO accepts credit cards (Visa, MC, AMEX). Please enter your credit card information below.

10 monthly payments by Credit Card in the amount of \$______ per month. Please enter your credit card information below. Also make sure your email is listed in the Parent Info section above. Ladera PTO accepts Visa, MC and American Express. We will automatically deduct your payment once per month for 10 months beginning September 2014 - June 2015. A confirmation receipt will be emailed to you each month after a deduction is made.

Credit Card #

CVV#

TOTAL Pledge Amount (check and/or credit card): \$_____

PLEASE RETURN TO YOUR CHILD'S TEACHER by Friday, October 3rd.

Exp Date