

# DONATIONS TRANSMITTAL FORM



**Purpose:**

Use this form to send donations from the Local Unit PTA to the State PTA office.

**Instructions:**

- Make copies of this form as needed.
- Fill in the information requested below. Please print.
- Write one check (or money order) for all forms submitted at the same time.
- Remember, your PTA check must have two signatures.
- Submit this form along with payment. Keep a copy of this form for your records.
- **Make checks payable and mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366.**

|                |         |                 |     |
|----------------|---------|-----------------|-----|
| Date           |         | Local Unit ID # |     |
| District       | Council | PTA Name        |     |
| Contact Person |         | PTA Position    |     |
| Address        |         |                 |     |
| City           |         | State           | Zip |
| Cell Phone     |         | Home Phone      |     |
| Email          |         |                 |     |

**Endowment Fund Donations**

|    |  |  |
|----|--|--|
| \$ | Alice McLellan Birney<br>Endowment Fund Donation | The annual interest from this fund supplements Georgia PTA's operating budget. |
| \$ | Memorial Fund<br>(\$25.00 minimum donation)      | In Memory of:  |
|    |  | Send Certificate to:   |
|    |  | Address:   |

**Other Donations**

|    |  |  |
|----|--|--|
| \$ | Georgia PTA Scholarship Fund<br>(\$25.00 donation suggested)         | Your donations provide the <b>sole</b> funding for the scholarships awarded to graduating seniors.             |
| \$ | Founders Day Donations   | Your donations further the work of the PTA.  |
| \$ | Reflections<br>(\$15.00 donation suggested)                          | Your donations provide the <b>sole</b> funding for student awards given to state level Reflections winners.    |
| \$ | Donations to help other units attend training offered by Georgia PTA | Your donations provide grants for local unit or council PTAs in need to attend Convention Leadership Training. |

**\$ \_\_\_\_\_ Total Donations (Please submit only one check.)**

Signature of President or Treasurer: \_\_\_\_\_

|  |                               |
|--|-------------------------------|
| <b>FOR OFFICE USE ONLY:</b>                        |                               |
| Amount Received \$ _____                           | Date Received _____           |
| <input type="checkbox"/> Check/Money Order # _____ | <input type="checkbox"/> Cash |