

ARGONNE ELEMENTARY SCHOOL

Annual Giving Campaign

(please return to school by Friday, October 8th)



I am pleased to make the following tax deductible gift to support PTO-funded programs and keep Argonne a top school in San Francisco!

- | | | |
|---|---|--|
| <input type="checkbox"/> \$500 (ask amt per family) | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$2,000 (\$5 for each student!) |
| <input type="checkbox"/> \$350 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$100 | <input type="checkbox"/> Other \$ _____ | |

Every gift makes a difference!

- | | |
|--|--|
| <input type="checkbox"/> \$25 is one hour with a reading specialist | <input type="checkbox"/> \$500 is Art in Action for one week |
| <input type="checkbox"/> \$50 is the supply cost for one class for a month | <input type="checkbox"/> \$700 funds dance and chorus for a month |
| <input type="checkbox"/> \$100 is one week of greening and gardening | <input type="checkbox"/> \$1,000 provides reading specialists for 3 days |
| <input type="checkbox"/> \$350 funds reading specialists for a school day | <input type="checkbox"/> \$2,000 is \$5 in honor of each Argonne student |

Child(ren) and Room(s): _____

Parent/Guardian Name(s): _____

Address: _____

Phone: _____ E-mail Address: _____

- My company has a matching gift program. Please contact me so I can increase the value of my gift to Argonne PTO with a matching gift.

Please check and complete one of the following, indicating method of payment:

- CHECK: Enclosed is a check (*made out to Argonne PTO*) for my total gift of \$ _____

- CASH: Enclosed is cash for my total gift of \$ _____

- CREDIT CARD: Please charge my credit card for my total gift of \$ _____

Name on Card _____ Circle card type: MC or VISA

Card # _____ Exp Date _____

Signature _____ (3) digits from back of card _____

Billing address (if different than above) _____

- INSTALLMENTS: I will make a total gift of \$ _____ in (4) installments (Oct, Dec, Feb, Apr).

- CASH/CHECK: Enclosed is the 1st installment of \$ _____ as cash or a check *made out to Argonne PTO*
OR

- Charge my credit card for the 1st installment now and next ones of same amt in Dec, Feb and Apr, of \$ _____

Name on Card _____ Circle card type: MC or VISA

Card # _____ Exp Date _____

Signature _____ (3) digits from back of card _____

Billing address (if different than above) _____

Thank you for making a gift to Argonne PTO!! Non-profit Tax ID #94-3344282 as Argonne Council of Empowerment
Contact Jennifer Carlin with any questions or comments: jmaudecarlin@gmail.com or 415-742-4747