

PARENT ASSOCIATION OF COLFAX ELEMENTARY
2010-2011 Annual Giving Campaign

Goal: 100% Participation - Participation is Power!

I/we wish to contribute to the Colfax Annual Giving Fundraiser.

It takes **\$600 per child** at our school to **maintain** the programs that we currently have in place.

If you cannot give this suggested amount, any amount your family can contribute:

\$5, \$10 or \$20 is greatly appreciated as every penny matters!

Suggested donation is \$600 per child.

Other amount

Total Amount Enclosed \$ _____

Please make Checks Payable to: PACE

Credit Card Payments (please circle one) **MASTERCARD, VISA, AMEX**
Credit Card # _____ Expires _____ / _____ CSC # _____

My gift will be matched by my company: _____

Many companies will match your donation, don't forget to ask them!

All Annual Giving contributions are 100% tax deductible. Thank you so much for your support!

PLEASE PRINT

Donor Name: _____

Child(ren) Name(s): _____

Grade(s): _____ Classroom(s) Number(s): _____

11724 Addison Street, Valley Village, CA 91607
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