



2015-2016 DONATION FORM

Thank you for participating in Eastover Elementary School's *Invest In Your Child* Campaign!

Please submit the completed form below with payment by Wednesday, November 4, 2015.

DONOR INFORMATION:

Donor Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Work Phone: _____

STUDENT INFORMATION:

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

DONATION INFORMATION (PLEASE CHECK ALL THAT APPLY):

GIFT AMOUNT: \$ _____

_____ **Check**

All checks should be made payable to Eastover PTA. Please note INVEST on the memo line.

_____ **Online**

Online contributions may be made at <http://eastoverpta.cmswiki.wikispaces.net/Invest>

_____ **United Way Contribution**

I participate in my employer's United Way Campaign and have designated Eastover as my United Way recipient.

_____ **Matching Gift Available**

Forward appropriate matching information/email confirmations to Meredith Sorrell at meredithsorrell@me.com. Please see reverse for additional Matching Gift information.

EMPLOYER: _____

_____ **Family Member Donation**

Please contact me regarding a donation from my family member.

Email address: _____

Return this form in an envelope with your child's teacher or via mail to:

**Eastover Elementary
Attn: Invest in Your Child
500 Cherokee Road, Charlotte, NC 28207**

Questions? Please contact Fundraising Chairs, Lindsay Jones, lindsayhawfieldjones@gmail.com or Meredith Sorrell, meredithsorrell@me.com.