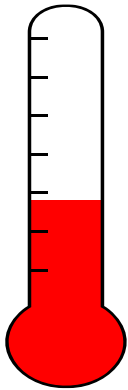


Calling all Sonoran Sky families:

We still need YOUR support!

2009-2010 PTO Voluntary Donation Campaign

Family Participation



Goal is 100%

Keep Your Receipt:

Date of contribution: _____

Donation amount: \$ _____

Check #: _____

Other method of payment: _____

Retain this top portion as your tax receipt for any amount less than \$250.00. Donations greater than \$250 will receive an additional receipt from the PTO in compliance with IRS regulations. Contributions are 100% tax deductible. No goods or services were exchanged in connection with this contribution. All returned checks are subject to a \$12 non-sufficient fund fee. Thank you for your generous contribution!!!

Cut Along Dotted Line

Yes, I want to help Sonoran Sky PTO continue funding unique programs for my children.

Parents' Name: _____

Child's Name

Teacher

Child #1 _____

Child #2 _____

Child #3 _____

Donation Amount \$ _____

Cash Check # _____ Checks payable to Sonoran Sky PTO