Support the PTA of HSAS—Your Dollars Make a Difference!

 Donation Form | September 2018

Dear HSAS families,

**Do you know that your dollars can make a difference in your child’s education at HSAS?** By the simple act of giving to the PTA of HSAS, you are supporting the many incredible opportunities that HSAS has to offer—excellent and dedicated teachers and staff members, small class sizes, numerous clubs and activities, and much more. But to ensure that your children continue to have everything they need for an optimal experience at HSAS, **they need your help TODAY**.

Over the years, the Department of Education’s budget for HSAS has been radically reduced. With the 2018-19 budget, we anticipate that **the school will again** **rely exclusively on the PTA** to pay for many items. Simply put, **HSAS cannot operate successfully without your financial support**. In fact, because of budget constraints, the PTA has been asked to continue funding $38,000 for a part-time guidance counselor. Here are some of the many ways in which the PTA plans to support HSAS in the 2018-19 school year:

• Part-time Guidance Counselor ($25,000)

• School/art/science supplies, daily planners, theatre class ($30,000)

• Teacher compensation for teams, clubs, tutoring & chaperoning trips ($68,000)

• Moot court/mock trial, honor societies, literary magazines, clubs ($10,000)

• Sports teams, equipment, uniforms & transportation, sports award night ($20,000)

• College fair, freshmen orientation, theatre & cultural excursions, graduation & more ($22,000)

The PTA’s budget goal for 2018-19 is **$200,000**. In order to achieve this goal, we are requesting **each family to give $750 PER CHILD**. We know that not everyone can give this amount and that some can give more. **Any amount is greatly appreciated** as we seek 100% participation in this endeavor. Simply go to: [**https://hsaspta.ejoinme.org/AnnualAppeal**](https://hsaspta.ejoinme.org/AnnualAppeal)**.** Please note that your donation is **100% tax deductible** (exempt from taxes under Section 501(c)(3) of the Internal Revenue code). *Please consider sending a check to reduce our credit card processing fees.*

Be assured—**each child will benefit directly from your generosity**. So, please donate now and let’s make this a spectacular year for our school and for our children.

Thank you.

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Please donate now by completing the form below.

I would like to give:

****$500

****$750 (request)

****$1,000

****$1,500

****other:

 $ \_\_\_\_\_\_\_\_\_\_\_

****Monthly

 installment

 $ \_\_\_\_\_\_\_\_\_\_\_

 (*please go to:*

 https://hsaspta.ejoinme.org/AnnualAppeal)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****Check enclosed

****Credit card info

 is filled in

Please make your contribution by **check**, **credit card** or via this secure link:

[**https://hsaspta.ejoinme.org/AnnualAppeal**](https://hsaspta.ejoinme.org/AnnualAppeal).

**Checks** should be made payable to ***The PTA of HSAS*** and mailed to:

The PTA of HSAS | 2925 Goulden Ave, Bronx, NY 10468 | Attn: Annual Appeal

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren)’s Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Graduation Yr(s)\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card** *(please circle):* Visa MasterCard AmEx Discover

Name (on card):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration:\_\_\_\_\_\_\_\_\_\_Security Code:\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The PTA of HSAS is a registered 501(c)(3) organization, Tax ID: #20-0462833*