



Support the PTA: Your Contributions Make a Difference!

Help us reach our goal of **\$200,000**. Please make your contribution today!

Please give as generously as you can so that our children may continue to have everything they need for an optimal experience at HSAS. **100% of every dollar donated through the Annual Appeal Fund goes directly to benefit ALL HSAS students.**

Thank you!

Please donate* now by completing the form below.

Please make your contribution by **check** (payable to *The PTA of HSAS*), **credit card** or via this secure link: **hsaspta.ejoinme.org/donate**.

Please mail checks to: The PTA of HSAS | 2925 Goulden Ave., Bronx, NY 10468 | Attn: Annual Appeal

Parent's/Guardian's Name: _____

Child(ren)'s Name(s): _____ Grade(s) _____

Address: _____ City _____ State _____ Zip _____

Tel: _____ Email: _____

Credit Card (please circle): Visa MasterCard AmEx Discover

Name (on card): _____

Card No: _____ Expiration: _____ Security Code: _____

Signature: _____

I would like to give the following amount per child:

\$500 \$750 (requested amount) \$1,000 \$1,500 other: \$ _____

Monthly installment \$ _____
(please go to: hsaspta.ejoinme.org/donate and select "I would like my donation to recur.")

Check enclosed for: _____ **Credit card info is filled in. Total charge:** _____

Employer Matching Donations: Please check to see if your workplace makes matching donations.
(Please attach any forms your company requires and we will promptly complete them.)

Employer (for matching grants) _____ will match this gift.

*Donations are 100% tax deductible (exempt from taxes under Section 501(c)(3) of the Internal Revenue code). The PTA of HSAS is a registered 501(c)(3) organization, Tax ID: #20-0462833