

BLAKE PTSA MEMBERSHIP FORM 2008-09

Student's Name _____ Grade _____

Parent/Guardian Name (#1) _____

Profession _____ Place of Work _____ *My Employer matches charitable contributions* ____*

E-mail

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Parent/Guardian Name (#2) _____

Profession _____ Place of Work _____ *My Employer matches charitable contributions* ____*

E-mail

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Phone# 1 _____ (H/W/C) Phone #2 _____ (H/W/C)

Street Address _____

City, State, Zip _____

___ Check here if you do **not** wish to receive PTSA updates and announcements via e-mail.

___ Check here if you wish to receive the Blake Blue Note electronically **ONLY**.

(* We ask about your employer to better support our local businesses and to match resources with community needs)

BLAKE DIRECT APPEAL CONTRIBUTION

Direct Appeal is the main source of funds for the Blake HS PTSA operating budget. We are asking each family to contribute directly to the PTSA.

- **100% of your donation is fully tax deductible** and directly benefits Blake students.
- You can donate as an individual/family or as a business.
- The suggested amount is **\$75/family** for Direct Appeal & Membership, but ANY amount is great!

___ I prefer that my family **not** be included in a name-only list of contributors in the newsletter.

___ I would consider a second contribution after January 1 &/or April 1. Please contact me again then.

Yes, I want to join and have selected the following membership(s):

PTSA Member #1 (\$20.00) _____	(Name)	\$ _____
Additional PTSA Member (\$5.00) _____	(Name)	\$ _____
Student Membership (\$5.00) _____	(Name)	\$ _____
Blake Staff Membership (\$5.00) _____	(Name)	\$ _____
Alumni Membership (\$10.00) _____	(Name)	\$ _____

Direct Appeal Campaign Contribution

Bengal Supporter - Up to \$99	Friends of Eubie - \$100 - \$249	\$ _____
Eubie Gold Level - \$250 - \$499	Red Carpet Level - \$500 or more	
TOTAL		\$ _____

PAYMENT METHOD (check one):

___ Cash ___ Check (**Blake HS PTSA**) ___ Credit Card: MC or Visa (circle one)

Name (as appears on credit card) _____

Credit Card Number _____ Exp. Date _____

(Credit info is confidential)

Signature (required to process credit card transactions) _____ Date _____

Mail to: Blake HS PTSA, 300 Norwood Road, Silver Spring, MD 20905

THANK YOU FOR YOUR SUPPORT!