



2017-2018 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 Thursday, November 9, 2017.

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.org/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 Susan McCarter at susan.mccarter@yahoo.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: _____



INVEST
In Your Child

2017-2018 DONATION FORM

**Return this form in an envelope to your child's teacher or via mail to:
Eastover Elementary
Attn: Invest in Your Child
500 Cherokee Road, Charlotte, NC 28207**

Questions? Please contact Susan McCarter, susan.mccarter@yahoo.com
or Page Gatewood, pagegatewood@gmail.com

