

PS 154 PTA
1625 11th Avenue Brooklyn, New York 11226
ANNUAL FUND DRIVE - Credit card donation form

Child's name _____

Teacher _____ Grade _____ Class _____

Phone _____ Email Address _____

Can we add you to our PTA Email newsletter? YES NO (please circle)

Please bill my credit card for the **one time** only donation in the amount of _____ .

OR

Please bill my credit card **each month** (September 2008 - June 2009 - 10 months) in the amount of _____ .

Visa MasterCard American Express (please circle) My company has a matching gift program

Name on Credit Card _____ Expiration Date _____

Credit Card Number _____ Code (3 or 4 digit) _____

Billing Address _____ Zip code _____

Signature _____