

UNIT REMITTANCE FORM

Pleasanton PTA Council

DATE _____

UNIT NAME _____

OF MEMBERSHIP PERCAPS
ON THIS FORM _____

ITEM DESCRIPTION	AMOUNT	
Membership dues: # _____ @ \$ 4.00 (Council, PTA district, state, national portions)		
Convention		
Founder's Day lunch		
Founders Day Freewill Offering		
General Donation		
Insurance Premium/Workman's Compensation		
Late Charge Insurance		
CHECK #	TOTAL	

<i>Treasurer's Name</i>		<i>Phone Number</i>	
<i>Address:</i>			

Units must use this sheet when submitting moneys to council.

Make check payable to: **Pleasanton PTA Council.**

All checks must have TWO SIGNATURES. Make a copy for your records.

Send checks to:

Amy Williford
466 Vineyard Place
Pleasanton, CA 94566
 925.425.9369
 amywilliford@comcast.net

The following statement must appear on all local remittance statements in order that the National PTA publication, **Our Children** may qualify for second-class entry mailing: *"A portion of the total sum sent for the National portion of PTA membership dues is payment for one year's subscription to Our Children of the National Congress of Parents and Teachers, which will be sent to the president of each local unit."*