



Parent Student Faculty Association

1740 New Bedford Road, Wall, NJ 07719-3740

CHS.PSFA.org

PSFA ANNUAL DONATION CAMPAIGN 2016-2017

YES! We want to help make the PSFA Annual Campaign a success with our donation (\$100 recommended per family). Enclosed is our check made payable to "CHS PSFA."

Parent/Family Name (as you'd like it to appear on our Thank-You List)

Student(s) Name and graduation year

\$ _____
Donation Amount

Email Address: _____ Phone: _____

*Please provide us with your email address so that we may email you a receipt for your tax-deductible donation and save on mailing costs.

MATCHING GIFT PROGRAM

____ Yes, my employer will (or may) match this gift. NOTE: Parent must request the matching donation forms from employer; they will then contact us. Please let us know if your employer has agreed to match your gift so we can follow up as needed. Thank you!

Name of Employer: _____

Contact Name/Number for Matching Gifts (if applicable): _____

THANK YOU FOR HELPING THE PSFA MAKE OUR BELOVED CHS EVEN BETTER!

Your Annual Donation will make a huge difference to *all* the students. The deadline for donations is October 21, 2016.

Please complete the Form above, attach your check made payable to "CHS-PSFA" and return both in an envelope as soon as possible, either by mail or by having your student bring this to the Main Office.

Mailing Address: CHS PSFA
1740 New Bedford Road
Wall, NJ 07719

____ In addition to my donation, please contact me for volunteer opportunities

____ I am unable to give at this time, but please contact me for volunteer opportunities.