

# SAUGANASH ANNUAL FUND

FRIENDS OF SAUGANASH

SUGGESTED DONATION

**\$250** PER CHILD

Our goal is for **100%** of Sauganash families to donate by November 30th. *Donations in any amount are welcome. Our goal is \$50,000.*

## WHY DONATE?

### SUPPORT OUR CHILDREN

Support our children's academic excellence and social activities. Last year, we spent \$130 per child.

### EXPAND LEARNING

Supplement the school budget by covering shortfalls due to CPS budget cuts.

### BOOST TEACHER IMPACT

Help minimize the impact of growing class sizes with teacher aide positions. With your support, this year we hired 6 aides in Grades K-7 to help Sauganash teachers.

## LET'S BREAK IT DOWN!

What if you sent your child to school with \$1.50 everyday until the last day of school?

**YOU WOULD CONTRIBUTE \$250!**

**We know that's not easy for everyone, but here are some ideas:**

Skip your visit to your favorite barista, buy generic products, or walk to school and spend less on gas!

Reaching our goal will enable us to maintain the status quo. Can we exceed our goal to make Sauganash stand out even more?

Help raise a hand in support of the students at Sauganash School.



EVERY STUDENT COUNTS. EVERY GIFT COUNTS.  
ALL DONATIONS ARE GREATLY APPRECIATED.

## FRIENDS OF SAUGANASH DONATION FORM OCTOBER 1ST - NOVEMBER 30TH

PARENT NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHILDREN'S FIRST/LAST NAME(S), TEACHER(S) & GRADE(S):  
\_\_\_\_\_  
\_\_\_\_\_

### ANNUAL FUND DONATION & PAYMENT METHOD

Yes, I want to make a tax-deductible donation to the  
**Friends of Sauganash Annual Fund!**

**Annual Fund Donation Amount:** \$ \_\_\_\_\_  
*Suggested donation is \$250 per child. Participation at any level is welcome.*

- Cash is enclosed (\$ \_\_\_\_\_)
- Check payable to **Friends of Sauganash** is enclosed (\$ \_\_\_\_\_)
- Bill my credit card a one-time transaction (\$ \_\_\_\_\_)  
Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_
- Yes, please send a tax-deductible receipt. Please specify preference:  
 Address listed above or  Email listed above  
*Please make sure both addresses are legible.*

## DOUBLE YOUR CONTRIBUTION

- Yes, my employer offers a **Corporate Matching Gift Program**.  
Please send me a duplicate receipt.  
Employer Name: \_\_\_\_\_

*Please return this form soon to help the PTO avoid the cost of printing reminders.*

Return this form and payment method to the PTO Mailbox located outside the main office or scan and email to [sauganashannualfund@gmail.com](mailto:sauganashannualfund@gmail.com)

**Questions?** Contact us at [sauganashannualfund@gmail.com](mailto:sauganashannualfund@gmail.com)

Approved by C.Munns