

# SAUGANASH ANNUAL FUND

FRIENDS OF SAUGANASH

SUGGESTED DONATION  
**\$275** PER STUDENT

Our goal is for 100% of Sauganash families to donate by November 16th.  
*Donations in any amount are welcome.*

*Our goal is \$55,000*

## WHY DONATE?

### SUPPORT OUR CHILDREN

Support our children's academic excellence and social activities.

### ATTEND FREE EVENTS

Your generosity allows us to have parties and activities for students and families free of charge.

### NEW! SCIENCE CURRICULUM

New Science materials and curriculum for student enrichment for grades k-8 will be implemented in all classrooms

### BOOST TEACHER IMPACT

Help minimize the impact of growing class sizes with teacher aide positions. With your support, this year we hired 4 aides to help Sauganash teachers.

## LET'S BREAK IT DOWN!

What if you sent your child to school with \$1.38 everyday until the last day of school?  
**YOU WOULD CONTRIBUTE \$275**

We have increased the wages paid to teacher's aides to a rate comparable with what CPS pays a similar position. Help us pay the aides who work to help your children every school day.

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 SEPTEMBER 24th - NOVEMBER 16TH

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 \$275 per student. Participation at any level is welcome.*

- DONATE** online through **friendsofsauganash.org**  
    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