



Dear Sauganash Parents,

The Friends of Sauganash Parent Teacher Organization, or PTO, needs your help for our Annual Fund Drive. The PTO continues to provide support to every grade level (K-8) via teachers aides, reimbursement for supplies, classroom support, community events and much much more. In addition to our day-to-day support for the school, this year we also funded 8 TruTouch Smart Interactive TV's. With this contribution we now have a TruTouch Smart TV in every classroom.

The PTO realizes that these are unprecedented times and our entire community is impacted. Currently, the teacher aides are working daily to support e-learning and assist our teachers. This includes participating in all online Google classroom sessions plus leading breakout sessions and small group learning. The PTO is working closely with the teachers to provide additional support and resources they need throughout the year. Most recently, we have funded "Battle of the Books", an after school reading program that lost funding this year.

The Annual Fund Drive is our most profitable fundraiser and we hope every family will contribute. Last year we asked for \$275 per child and had a goal of \$55,000. We ended up raising over \$70,000! Given the current pandemic we are asking for **\$100 per family**. However, any contribution is welcome and appreciated. Your contributions can be paid in full or spread out over the entire school year. Our goal this year is to raise at least **\$35,000** and your help is vital so that we can continue to support our amazing school. Every dollar counts!!

ANNUAL FUND DONATION & PAYMENT METHOD

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

- Donate online thru friendsofsauganash.org \$ _____
- Donate online thru [MembershipToolkit APP](#) \$ _____
- Check Payable to Friends of Sauganash \$ _____

**Please print this from and drop or mail check to:*

**Friends of Sauganash PTO % Erin Alvarez
6139 N. Kilpatrick
Chicago, IL 60646**

FRIENDS OF SAUGANASH DONATION FORM

PARENT NAME(S): _____

ADDRESS: _____ PHONE#: _____

EMAIL: _____

CHILD(REN'S) FIRST/LAST NAME(S), GRADE(S), ROOM NUMBER(S):

DOUBLE YOUR CONTRIBUTION

Yes, my employer offers a **Corporate Matching Gift Program**. Please send me a duplicate receipt.

Employer Name: _____

Thank you again for your continued support!

Any questions, please email Sauganashannualfund@gmail.com

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