



SAMOHI PTSA

Annual Giving and Membership Form

YES! I want to support Samohi Students & Staff

Name: _____

Email: _____ Phone: _____

Student Name(s): _____

Grade Level(s) (check all that apply): 9th 10th 11th 12th

Donors are acknowledged by donor last name unless indicated otherwise:

- Please make my donation anonymous
- Please acknowledge my donation as _____ Family
- Please list my donation as: _____

Donation Amount:

- \$50
- \$100
- \$250
- \$365 *(suggested 1 child)*
- \$500
- \$730 *(suggested 2 children)*
- \$1,095 *(suggested 3 children)*
- \$2,000
- Other: \$ _____

Does your employer have a matching program?

- Yes
- No

Memberships:

Please include ____ memberships at \$10 ea

Member names: _____

Payment Options:

Cash or check payable to **Samohi PTSA**

Bring payment on registration day, drop off in administration office or mail payment to:

Samohi PTSA
c/o: Santa Monica High School
601 Pico Blvd
Santa Monica, CA 90405

To pay by credit card, visit samohiptsa.org