

# Direct Donation Sponsorship Program - ACS PTO

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Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Children \_\_\_\_\_

Attending ACS: \_\_\_\_\_

## Select your sponsorship level:

- |  |  |
|--|--|
| <input type="checkbox"/> \$_____ Friend of ACS | <input type="checkbox"/> \$200+ Bronze |
| <input type="checkbox"/> \$300+ Silver         | <input type="checkbox"/> \$400+Gold    |
| <input type="checkbox"/> \$500+Platinum        |  |

Will your employer match your donation?

How will you be paying?

- Check Enclosed       Credit Card Partial-**You can charge monthly at the front desk.**
- Please charge my credit card in full, no monthly payment **(at front office)**

Start billing September 2009-End January 2010

- |  |   |
|--|---|
| <input type="checkbox"/> \$40/mo. for 5 mos. = \$200 | <input type="checkbox"/> \$60/mo. for 5 mos. = \$300  |
| <input type="checkbox"/> \$80/mo. for 5 mos. = \$400 | <input type="checkbox"/> \$100/mo. for 5 mos. = \$500 |

- May we thank you publicly?  Yes  
 No, please list me as anonymous donor