

FIRST DISTRICT PTA

Remittance Form

MAIL **3 COPIES** OF THIS FORM & CHECK TO:

First District PTA

P.O. Box 470

Alhambra CA 91802

626-290-1448 • 626-289-0040 Fax

PTA NAME:

Name: _____

Address: _____

City, Zip: _____

Phone _____

Email _____

Council/Unit Names	# Mbrships	Amount Dues	Other	Amount Other	TOTAL for Council/Unit
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GRAND TOTAL

Make check payable to: FIRST DISTRICT PTA. Mail check and three (3) copies of this remit form to First District PTA.
PLEASE INCLUDE STAMPED SELF-ADDRESSED ENVELOPE
 First District will return a signed copy of this form as a receipt.

FIRST DISTRICT PTA USE ONLY BELOW THIS LINE

Date Form & Check Received: _____ Check #: _____

Check Dated: _____ Amount: _____

Verified Amount: _____