FIRST DISTRICT PTA

Remittance Form

PTA NAME: _____

MAIL THIS FORM & CHECK TO:
First District PTA
P.O. Box 470
Alhambra CA 91802
(626) 289-1448

Name: _____
Address: _____
City, Zip: _____
Phone _____
Email _____

Council/Unit Names	# Mbrships	Amount Dues	Other	Amount Other	TOTAL for Council/Unit
		$ -		$ -	$ -
		$ -		$ -	$ -
		$ -		$ -	$ -
		$ -		$ -	$ -
		$ -		$ -	$ -
		$ -		$ -	$ -
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		$ -		$ -	$ -
		$ -		$ -	$ -
TOTALS	**0**	**$ -**		**$ -**	**$ -**

GRAND TOTAL

Make check payable to: FIRST DISTRICT PTA.

Mail check and one (1) copy of this remit form to First District PTA.

You will receive a signed copy of this form via email as a receipt.

FIRST DISTRICT PTA USE ONLY BELOW THIS LINE

Date Form & Check Received: _____

Check #: _____

Check Dated: _____

Amount: _____

Verified Amount: _____

_____
First District PTA (signature)