



2016-2017 Annual Appeal Donation Form

YES, I want to support my child's education! Enclosed is my donation:

Please be sure to fill out the information below and correct any errors from the mailing label on the left:

Parent Name(s) _____

Street Address _____

City _____ Zip _____

Preferred Phone _____

Best Time to call: _____

E-mail Address _____

- \$200 \$300 \$500 \$750 \$1000 \$2000 Other \$ _____
(Suggested)

I am enclosing a check (payable to the **Stuyvesant High School Parents' Association**)

I want to charge my gift to: Visa Mastercard American Express Discover

Card Holder's Name _____ Zip Code _____

Card # _____ CVV No. _____ *

Amount \$ _____ Exp. Date _____

Signature _____

**If you do not provide your CVV no. on this form, please provide a phone number for us to call you to get it privately. Thank you!*

If you work for a company that has a **matching gift program**, please check this box.

Company Name: _____

Please send the matching gift form to Stuyvesant High School Parents' Association

Please Note: You may also make your donation in convenient monthly credit card installments through the Stuy-PA Web site. Just visit www.stuy-pa.org and click on the Donate button at the upper left corner of the screen.

Please send your contribution to Stuyvesant High School Parents' Association, 345 Chambers Street, Room 271, NY, NY 10282-1099.

The Stuyvesant High School Parents' Association is a 501(c)(3) organization. Your donations are for use in the United States only, and are fully tax deductible to the extent allowed by law. No goods or services were provided in exchange for your contribution.



史岱文生家長會年度募款表

스타이브슨트 학부모회의 연례기금모금행사 기부금 참여 양식

為支持孩子的教育, 我捐款如下: 예, 연례기금모금에 참여하겠습니다.

\$200 \$300 \$500 \$750 \$1000 \$2000 Other \$ _____

建議捐額 권장기부금액

內附支票 (請具名: **Stuyvesant High School Parents' Association**)

개인용수표동봉합니다 (수령인: **Stuyvesant High School Parents' Association**)

我用信用卡捐款: Visa Mastercard American Express Discover
카드를 지불하겠습니다.

持信用卡者姓名 카드소유주성명 _____
信用卡號碼 카드번호 _____ 驗證號碼 검증번호 _____
數目 금액 \$ _____ 到期日 카드유효만료일 _____

簽名 서명 _____

假如您工作單位有陪捐計劃(matching gift), 請在此打勾.

직장에서 matching gift를 하는 경우 이 네모안에

陪捐公司寶號 회사명: _____

請將陪捐計劃的支票寄往: **Stuyvesant High School Parents' Association**

회사의 **matching gift** 양식을 **Stuyvesant High School Parents' Association** 로 보내주십시오.

請用英文填寫以下資料: 다음의 양식을 반드시 작성해 주십시오:

Parent Name(s) 父母姓名 학부모 성명 _____

學生姓名 학생성명 _____ 年級 학년 _____

Student Name(s) _____ Grade(s) _____

地址 주소 _____

Street Address _____ City _____ Zip _____

住家電話 집전화 _____ 工作電話 직장전화 _____

Home Phone _____ Work Phone _____

電郵 이메일주소: _____

E-mail Address _____

請將陪捐計劃的支票寄往 다음의 주소로 기부금을 보내주십시오: **Stuyvesant High School Parents' Association,**

345 Chambers Street, Room 271, NY, NY 10282-1099

史岱文森家長會為一501(c)(3)非牟利團體。在美國境內, 您所捐款項可依法全部抵稅。您的捐款, 全屬義助。本家長會並未以相對物資與服務回饋。

스타이PA는미국세법 501(c)(3) 비영리단체로 여러분의 기부금은 미국내에서만 사용되며 세법이 허용하는 한도내에서 전액세금공제가 가능합니다. 단 이 기부금대신 상품이나 서비스를 받는 경우 세금공제대상에서 제외됩니다.