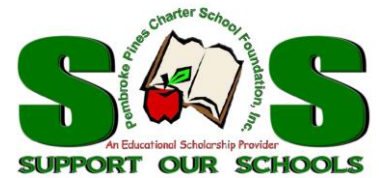




Charting The Course

The City of Pembroke Pines School System



SUPPORT OUR SCHOOLS

City of Pembroke Pines Charter Schools Foundation 2018-19 Pledge Form

(Please Print)

Parent Name(s): _____

Student's name(s): _____

Campus(es): _____ Grade(s): _____ Teacher(s): _____

Telephone: (Home) _____ (Cell) _____

Best time to call: _____ Email(s): _____

Mailing Address: _____

Annual Pledge Amount*: _____ (\$250 per household recommended/not required)

*Not applicable to the FSU Activity Fee

Preferred Method of Payment (Please check an option below):

- Online Payment: www.ppcsf.org (PayPal Donate Button on 'Giving' Tab)
- Cash/check * _____
- Employer Matching Gift (See Third Page): _____ Name of Employer: _____
- Credit/Debit Card: One Time Payment _____ (or) Recurring Payments (\$/month) _____
 - Please complete CC Authorization form (See Second Page For More Details):
- Annual Business Sponsorship (See Third Page for More Details): Ex: \$400 per banner location.

Sponsorship name: _____

***Cash/Check Payments: Make sure student's name and campus location is included in your correspondence.**

All Donations are tax deductible.

Make Checks Payable To: **Pembroke Pines Charter School Foundation, Inc.**
 Attn: Jonathan Bonilla
 8300 S Palm Drive
 Pembroke Pines, FL 33025
 Phone: 954-518-9030
 Fax: 954-518-8902

Parent Signature: _____ Date: _____

For administrative use only:

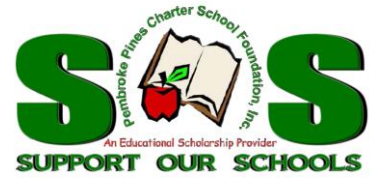
Received by: _____ Contacted by/date: _____ Payment received/scheduled: _____ FY: _____

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE.



Charting The Course

Credit Card Payment Authorization Form



Please complete all the information below:

I _____ authorize **Pembroke Pines Charter Schools Foundation, Inc.** to
(Full name)
charge my credit card account indicated below for _____ on _____.
(Amount) (Date)

This payment is for _____.
(Description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.