



SCPTA Gerry Pfaehler Endowment Fund Contribution Form

PTA/PTSA Name (as indicated on your Bylaws or Charter) _____

Mailing Address of PTA/PTSA _____

City _____ State _____ Zip Code _____ SCPTA District # _____

Name of Local Unit President _____

Phone number (____) _____ Email _____



Type of Contribution

If your gift is in honor of someone, please indicate the name and address of that person. If the gift is in memory of someone, please give that person's name and the name and address of the person who is to receive the Thank You note or plaque.

In Honor of: Amount \$ _____ Check Number _____

Name of Person (please print) _____

Mailing Address (Street or P. O. Box) _____

City _____ State _____ Zip code _____

In Memory of: Amount \$ _____ Check Number _____

Name of Person to be Memorialized (please print) _____

Name of Family Member to be Notified _____

Mailing Address of Family (Street or P. O. Box) _____

City _____ State _____ Zip code _____

Please return this form by March 1st with your check (payable to SCPTA Gerry Pfaehler Endowment Fund) to:

SCPTA Gerry Pfaehler Endowment Fund Chairman

Kitty Waikart,

442 Crockett Road

Columbia, SC 29212

Phone: 803-530-5329