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# Milton High School PTSA



## 2015-16 PTSA Membership Form

#### Join PTSA and make a difference in the community. Our Goal is to bring together every parent, student, teacher / staff member to join the PTSA to support our students!

PTA/PTSA is the largest child advocacy group in the country and as such, works hard toward improving education for all students. Your membership supports this effort. This membership drive is the **ONLY** Milton High School PTSA fundraiser and is your best opportunity to make a difference and your only opportunity receive a student directory.

### Be sure to check out the list of PTSA funded programs on the MHS PTSA website (www.MiltonPTSA.com)

	Member	rship Level I	ncentives (in	addition to	general ince	ntives as ad	verti	ised)	
Membership Level	PTSA Memberships	# School Directories	Recognition in EM2, PTSA Website & Directory	Membership Level Specific Car Magnet	Super Eagle Pass (free admission to regular season home athletic events)	Free Homecoming and Prom tickets (one pair of each)	Contribution Cost		Total Contribution
Eagle	6	2	yes	1	1	1	\$	500	\$
Platinum	5	2	yes	1			\$	250	\$
Gold	3	2					\$	100	\$
Silver	2	1					\$	50	\$
Basic	1						\$	10	\$
Additional Donation for "Enrichment Fund" The MHS PTSA Enrichment Fund supports Academia Endeavors, Teacher Mini Grants, Staff Appreciation, Campus Beautification, College Career Center, Media Center, Honors Recognition, PTSA Programs and Communications			suggested amount \$25				\$		
Senior Scholarship Donation: Only students with a PTSA Membership are eligible to apply for the PTSA Scholarships.				suggested amount \$10			\$		
Please note that all payments via Credit Card incur a \$3.00 service fee.				Credit Card Service Fee = \$3.00			\$		
Milton High School PTSA is a 501(c)(3) not-for-profit agency. Check with your accountant for tax purposes.				Total Amount: \$			\$		

Please make your check payable to MHS PTSA

Does your en	nployer match non-profit contributions?	Yes! 🛛	No 🗆
pany Contact:	Email:	Phone:	

	FAM	IILY INFORM	ATION -	PLEASE PRINT		
	Parent #1				Parent #2	
Name:				Name:		
Email:				Email:		
Stud	lent Name:	Grade:		Student Name:		Grade:
1.			3.			
2.			4.			
Other Member	- Name:					
Please check	here if you DO NOT w	ant to be inclu	ded in the S	Student Directory. Direc	tory includes	email addresses.

Return completed forms with payment payable to: **PTSA Use Only** PTA Initials: \_\_\_\_\_ Date: \_\_\_\_

#### Milton High School PTSA Attention: PTSA Membership 13025 Birmingham Highway Milton, GA 30004

Milton, GA 30004	
Do you have questions? Please contact:	
Amanda Quintanta (770) 241-1125 / abq@comcast.net	
Sangeeta Mehra (678) 933-9254 / putul_us@yahoo.con	n

Faith Ossman (678) 867-7009 / faithossmann@me.com

Check # Check Amount: CASH \$
Credit Card Scanned? Yes
If not scanned: Credit Card # Name on Card:
Exp. Date: CV# Billing Zip Code:

THANK YOU FOR YOUR SUPPORT!

Please see important information on reverse side