

Galileo **GIVE** Week Donation

Giver's Information:

Giver's name: _____ Giver's name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Student Name: _____ Teacher/Grade: _____

Student Name: _____ Teacher/Grade: _____

Student Name: _____ Teacher/Grade: _____

Student Name: _____ Teacher/Grade: _____

Donations: **Due by September 29, 2023**

Suggested donation is \$50 per student. Our goal is 100% participation and \$35,000.

Any donation amount is welcomed!

I wish to donate: ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1000 ☐ \$_____

Your donation amount will be divided equally between the students listed on this form.

Payment Methods:

☐ My check is attached (payable to **The Galileo PTO**) check # _____

☐ Cash Amount \$ _____

☐ Donation online @galileopto.com

*Please deliver this form w/payment to the Galileo STEM Academy Front Office or to your student's teacher. Or mail to **The Galileo PTO, 4735 West Saguardo Drive, Eagle, ID 83616***

Employer and Corporate Matching:

Does your employer (or a family member's employer) participate in a corporate matching program? To find out, please contact your HR department for details. Need assistance? Send us an email.

Employee's Name: _____

Employer: _____

THANK YOU FOR YOUR SUPPORT!

Questions? Email us: galileopto.com

PLEASE MAKE A COPY FOR YOUR RECORDS. THIS IS YOUR RECEIPT.

The Galileo PTO is a 501C3 non-profit volunteer support group (TAX ID: 93-2457991)

Your donations are 100% tax deductible. Amount \$ _____



www.galileopto.com