



ISSAQUAH HIGH SCHOOL PTSA

Membership and Donation Form

WHY SHOULD YOU JOIN: *Get involved by joining and support students and teachers*

- *receive the most up-to-date news affecting our students and school,*
- *have voting rights on PTSA issues,*
- *get discounts at local businesses by using your membership card emailed after joining (e.g. Great Wolf Lodge, FedEx Office, Hertz and Staples),*
- *receive one IHS Directory/Parent Handbook*

WHERE DOES THE MONEY GO:

Donation Dollars fund **critical programs and grants** at IHS that directly impact student learning and teacher effectiveness. (e.g. SAT/ACT mock exams and test prep, senior activities, Angel program, Healthy Student support, teacher grants, etc.)

Membership Dollars support **Local, State, and National PTA** programs that bring families, schools, and communities together to advocate for the health, education safety, and welfare of all children.

Eagles Supporter #1 – Name: _____ Email Address: _____

Mailing Address: _____ Phone: _____

Complete next line with other parent, grandparent, guardian, aunt, uncle, etc.

Eagles Supporter #2 – Name: _____ Email Address (optional): _____

IHS Student Name(s) and Grade(s): _____

Student Directory information appears as it is in the school database. In accordance with the Family Education Rights & Privacy Act (FERPA) families have the right to OPT OUT of this Student Directory. To do so, check the appropriate box on the DISTRICT RELEASE OF STUDENT INFORMATION FORM.

Families with more than one household are asked to contact the school directly to have that information included in the school database.

Membership/Donation Levels (Membership Fees and Donations are **tax deductible** to the extent allowed by law, and each membership includes 2 adults.)

- ☐ **\$250** (membership for 2 + 1 directory + \$225 donation)
- ☐ **\$150** (membership for 2 + 1 directory + \$125 donation)
- ☐ **\$100** (**MEMBERSHIP for 2 + 1 DIRECTORY + \$75 DONATION**)
(**Maintains Programs at Current Levels**)
- ☐ **\$75** (membership for 2 + 1 directory + \$50 donation)
- ☐ **\$25** (membership for 2 + 1 directory)
- ☐ **\$10** (Gift a teacher/staff membership)
- ☐ **Additional PTSA Donation** \$ _____
- ☐ **Additional Angel Program Donation** \$ _____

Donors will be acknowledged in PTSA publications. I wish to be anonymous ☐ **Yes**

TOTAL: _____

☐ **My employer provides matching funds.**

Check Number: _____

Company Name: _____

Don't forget!! Submit your company matching request with your company now!

Mail form with check payable to IH PTSA to:
IH PTSA, PO Box 2541, Issaquah, WA 98027

OR

JOIN ONLINE AT: www.issaquahhighptsa.org

Questions? Contact valerie.yanni@gmail.com or 312-320-167

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