

**PEEKSKILL FACULTY ASSOCIATION
CARING COMMUNITY CONTRIBUTIONS**

PFA Requester's Information

Name: _____

Contact information (email or phone) _____

Requested donation amount:

___\$25 ___\$50 ___\$100 ____Other

(For other – please specify amount requested, and explain unusual circumstances that would warrant this amount, as part of the donation summary.)

Donation information:

Name of organization or person(s) check should be made out to: _____

Contact name to be included with check: _____

Address to be used to mail donation: _____

Donation summary:

(Please provide rationale for donation and PFA members relationship to the organization or person(s) receiving donation.)

Forward request to J. Lombardo – PFA Sunshine Chairperson.-Oakside Elementary School.

All requests will be reviewed the first Monday of each month (in which school is in session) at the PFA Executive Board Meeting. You are invited to attend this meeting.