

Fairburn Pledge Drive 2020-21

DONOR LEVELS (per child enrolled)

We ask that each family donate at least \$950 per child to cover the cost of the teaching support and enrichment programs your child receives. Please be as generous as you can to help us reach our goal--every pledge is meaningful to the community as a whole. Contributions are tax-deductible.

PHOENIX CIRCLE (\$2,000 or \$223/month for 9 months)

All families who pledge at this level will receive a customized banner hung on the gate surrounding the school plus a Fairburn lawn/window sign to display at home. In addition, your family name will be added to our Phoenix Circle Banner.

FAIRBURN BANNER PLUS (\$1,200 or \$134/month for 9 months)

All families who pledge at this level will receive a customized banner hung on the gate surrounding the school plus a Fairburn lawn/window sign to display at home.

FAIRBURN BANNER PARTNER (\$950 or \$105/month for 9 months)

SPECIAL RATE FOR 2020-21 Only!

All families who pledge at this level will receive a customized banner hung on the gate surrounding the school.

FAIRBURN FRIEND (Give what you can)

Thank you for your support of the school.

YES, please contact me about **corporate matching**.

Note: To reduce paperwork we strongly encourage you to use our online payment system at we-are-fab.com/donate or Venmo (@SNeuman_FAB)--please include your child's name in the "What's it for" note. You may also Zelle us at info@we-are-fab.com (please include child's name). If you would prefer not to pay electronically, please turn in this form with a check or payment information to the silver FAB box in the school office or mail to Fairburn Avenue Boosters, 1403 Fairburn Avenue, Los Angeles, CA 90024.

I pledge _____ (per child) Total pledge amount: \$ _____

Parent Name(s) _____

Child(ren) Name(s) _____

Grade(s) in Fall 2020 _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Choose a method of payment:

Check payable to FAB (enclosed) for entire amount

Please charge my credit card IN FULL*

Please charge my credit card in NINE equal installments (Sept.-May)*

Account Number _____ Expiration _____

Date _____ Name as it appears on card _____

Security code _____

Signature _____

*All credit card transactions will be charged a 2.5% processing fee.

Questions? We'd love to talk to you. Please contact Barbara Tasco (bb@hjth.com) or Alissa Mafrice (amafrice@gmail.com).

Tax ID: 95-3925264