

2016~2017 Help Hawks Soar Response Form

Staple your check to this form and return to the Chaparral office or your child's teacher

Parent/Guardian Name(s): _____

Phone Number: _____ Primary Contact Email: _____

Reminder: *Our fundraising goal is \$150 per student. Students will receive their **Help Hawks Soar** reward incentive upon reaching their \$150 fundraising goal.*

*See our **Help Hawks Soar** FAQs online for more information.*

Enclosed is our *Help Hawks Soar* donation for the following student(s):

Child's name: _____ Teacher: _____ Amount: _____

Child's name: _____ Teacher: _____ Amount: _____

Child's name: _____ Teacher: _____ Amount: _____

Child's name: _____ Teacher: _____ Amount: _____

You may also donate the full amount or set up a monthly auto-payment online at www.chaparralhawks.com.

If you have questions and would like to talk with a **Help Hawks Soar committee member, check here:

____ Please follow up with me via phone or email. (Provide contact information at the top of this form)

Total amount enclosed: \$ _____	Check # _____
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On behalf of the Chaparral Education Foundation and Chaparral Elementary PTA, thank you for your support of **Help Hawks Soar**. Donations for Help Hawks Soar help fund programs through both organizations, but for accounting purposes donations are deposited with CEF, a 501(c)3 nonprofit organization. Your donation is tax-deductible (Tax ID# 33-0549147).

Please allow this document to represent a receipt for your donation of \$_____