



## PARENTS' ASSOCIATION DEPOSIT FORM

Date: \_\_\_\_\_

Grade (if applicable): \_\_\_\_\_

DESCRIPTION of PA Event or Class Fund/Teacher Gift Deposit: \_\_\_\_\_

	Name	Cash or Check	<u>Class Fund</u> (\$ Amount)	<u>Teacher Gift</u> (\$ Amount)	<u>PA Event</u> (\$ Amount)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

TOTAL AMOUNT TO DEPOSIT: \$ \_\_\_\_\_

Submitted by: \_\_\_\_\_

Contact phone or email: \_\_\_\_\_

Return form with cash/checks to SCDS Office/PA Mailbox, Attention: Treasurer