

S CASH DONATION FORM

YES! I WANT TO MAKE A CASH DONATION TO A BOUNTIFUL AFFAIR!

I know that for **\$125** my student or for **\$150** my family will receive 5 days of free dress to be honored the week of October 12-16. Additionally, siblings each receive full class competition points for my family's total donation.

CHECKS MAY BE MADE PAYABLE TO SJLS (MEMO: ABA)

Name: _____

Student Name/s: _____

Grade/s | Teacher/s: _____

Contact Number | Email: _____

My donation of \$ **will be earmarked for the General ABA Fund.**

ST. JOHN'S LUTHERAN SCHOOLS
4500 BUENA VISTA RD
TEL 661.664.8090
WWW.SJLSCHOOL.ORG/ABA
501(C)(3) TAX ID #95-6085185

- ☐ \$125 (For 1 Student) or \$150 (For entire family) for 1 Week of Free Dress
- ☐ \$500 (1 Week of Free Dress + "I ♥ St. John's Schools" Underwriter)
- ☐ \$25 (1 Day of Free Dress)
- ☐ Other Amount \$ _____

