

2019/2020 Star Supporter Annual Fund Donation

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Affiliation to CCCEPA (circle one): Current Family - Alumni Family - Current Student - Alumni Student
Business Supporter - Community Supporter - Friend - Other _____

★ Donation/Gift: _____ ★ This gift will be matched by: _____

(Enclose or forward your company's matching gift forms.)

★ Name/Dedication (to be attributed to donation): _____

For mail-in credit card contributions, please provide the following information:

Credit Card #: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Please make all checks payable to PAPA and send to:

PAPA c/o Frank Timmerman
Pebblebrook High School
991 Old Alabama Road
Mableton, GA 30126