

COUNCIL REMITTANCE FORM

~ FOR COUNCIL USE ONLY ~

Mail one copy to Fifth District PTA Treasurer.

Retain a copy for your records.

Use this form until June 30, 2021

Tameka Ponce

C/O Fifth District PTA

PO Box 400841, Hesperia, CA 92340

Phone/email: (760) 985-6900

Treasurer@FifthDistrictPTA.org

Make ONE check payable to Fifth District PTA - ALL PTA checks MUST have 2 signatures

Name of Council: _____

Date: _____

Treasurer: _____

Phone: _____

Address: _____

Unit Name Alphabetize	Per capita Membership dues			Insurance \$TBD Council	Sending After 12/3 Ins. Late Fee \$25	Other		Total
	#	X	\$5.00	\$TBD Unit	Amount	Describe		

Check Number: _____

Total Amount on this check _____

Please verify all calculations