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, 2023

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 # X $5.00		Other Amount	Describe	Total

Total Members: Check Number: Total Amount on this check:

Please verify all calculations