

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, 2025

**Christine Kuzdal
C/O Fifth District PTA
6538 Applewood Street, Highland, CA 92346**

Phone/email: (909) 262-3148

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		Other		Total
	#	X \$5.00	Amount	Describe	

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

Please verify all calculations