

# FIFTH DISTRICT PTA – Out-of-Council Unit

## REMITTANCE FORM

THIS FORM IS TO BE SUBMITTED TO FIFTH DISTRICT PTA BY UNIT FINANCIAL OFFICERS ONLY

**Make ONE check payable to FIFTH DISTRICT PTA**

**ALL PTA checks MUST have 2 signatures**

Mail one copy of this form and the check to the Fifth District PTA's Treasurer.

Retain a copy of the form for your records

Mailing Address until June 30, 2025:

**Christine Kuzdal**  
**c/o Fifth District PTA**  
**6538 Applewood Street, Highland, CA 92346**

Phone: (760) 985-6900    Email Address: [Treasurer@FifthDistrictPTA.org](mailto:Treasurer@FifthDistrictPTA.org)

Date: \_\_\_\_\_ Unit PTA ID Number: \_\_\_\_\_

Unit Name: \_\_\_\_\_

Treasurer Name: \_\_\_\_\_

Telephone: (       ) \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*\* Please verify calculations \*\*\***

Description	Total
Membership Dues: \$ 5.25 per member # _____	
Membership Envelopes: \$ 15.00 per box (500 per box) Must pick up at District Office # _____	
Other:	
Other:	
<b>Total:</b>	
<b>Check Number:</b>	