

Keller Council of PTAs

Payment Submission Form

LOCAL UNIT NAME: _____

Unit Number: _____

President Name: _____

Payment for:

Membership Dues *(\$100.00)* \$ _____

Luncheon

President & Principal _____ @ \$ _____ = \$ _____

Founder's Day _____ @ \$ _____ = \$ _____

Brag Luncheon _____ @ \$ _____ = \$ _____

Casey's Kids Donation *(Attach Sponsorship Letter)* \$ _____

Triplicate Deposit Forms

QTY= _____ x0.29 = \$ _____

OTHER: _____ \$ _____

TOTAL ENCLOSED \$ _____

Submit Payment in person

OR MAIL to:

Keller Council of PTAs

PO Box 1371

Keller, TX 76244