



Campaign to Support Castlebay Lane Elementary School

Yes, we want to help the Just Think Campaign to Support Castlebay Lane Elementary School stay on the path to excellence with a tax-deductible contribution of:

Corporate Sponsorships

<input type="checkbox"/> \$1,250	Platinum	Website Ad, Quarter Page Ad in Newsletter, Feature Article, 1 Full Page Ad, Family Fun Day Banner
<input type="checkbox"/> \$1,000	Gold	Website Ad, Quarter Page Ad in Newsletter, Family Fun Day Banner
<input type="checkbox"/> \$750	Silver	Website Ad, Business Card Ad in Newsletter, Family Fun Day Banner

Family Sponsorships

<input type="checkbox"/> \$1,000	All Access Sponsor	Free entry for your family of 4 to all Castlebay events including all on campus rewards parties, Free Yearbook
<input type="checkbox"/> \$500	Family Sponsor	Free Yearbook, Pizza & Popsicle Party, Homework Pass
<input type="checkbox"/> \$350	2 or more students	Popsicle Party, Homework Pass
<input type="checkbox"/> \$250	1 student	Homework Pass
<input type="checkbox"/> \$100	A meaningful donation	
<input type="checkbox"/> \$Other		
<input type="checkbox"/> Match!	My company will match this with a contribution of:	

Friends and Family Sponsor forms available in the office and online at www.Castlebaylane.com
Every child who participates will receive a token gift.

Name(s) of Parent(s): _____ Phone: _____
 Student: _____ Grade Level: _____ Room # _____
 Student: _____ Grade Level: _____ Room # _____
 Student: _____ Grade Level: _____ Room # _____
 Street Address: _____ City/Zip: _____
 E-Mail Address: _____

Please process my total pledge as follows:

- Full payment by check or credit card.** We appreciate your check made payable to P.A.T.H. to reduce our credit card processing fees.
- 3 installments by credit card** (Now, Oct, Nov).

I hereby authorize the charges to the below-listed credit card.

Visa MasterCard Number: _____ Exp. Date: _____
 Cardholder Name: _____ Three-digit security code on back: _____
 Full Billing Address (must include ZIP) _____ +_____
 Signature: _____ +_____
 Date: _____

Please return completed form to P.A.T.H at 19010 Castlebay Lane, Porter Ranch, CA 91326.

www.castlebaylane.com

OFFICE USE ONLY:

Date Donor Card Received: _____ Initials: _____ Date Tax Deductible Receipt sent: _____
 Date CC Pymnt Procs'd: _____ / _____ / _____ Date Chk Rec'd & Chk #: _____