



Donor(s) Name(s): _____

Address: _____

City/State/Zip: _____

Email: _____

Child(ren)'s Name(s) & Grade(s): _____

Amount enclosed:

\$1200*
**full BTG per child amount*

\$750

\$500

\$ _____ (other)*
**please only give what you can afford—every donation helps!*

Please make checks payable to: The Peck Slip School PTA

Return your check in a sealed envelope in your child's folder or drop off at the BTG box in the security desk or PTA office.

Credit card donations can be made at: <https://donorbox.org/bridge-the-gap-2>. You can pay in monthly or quarterly installments or make a one-time payment.

[Doubling your Donation through Employer Matching!](#)

Does your employer (or Co-Donor's employer) match donations made to nonprofit organizations?

Yes No TBD* (**we can help you with employer matching questions—please email peckslipbridgethegap@gmail.com*)

Employer(s) Name if "Yes" or "TBD": _____

Nonprofit Organizational Info for Employer Matching:

- Name: Peck Slip School Parent Teachers Association Inc
- Address: 1 Peck Slip, New York, NY 10038
- Phone: (212) 312-6260
- Tax ID/EIN: 61-1694546
- Designation: Bridge the Gap

THANK YOU! Please check your email for a receipt. Email peckslipbridgethegap@gmail.com with any questions.