

# FOUNDERS' AWARD FORM (GEORGIA PTA)



**Purpose:**

Use this form to obtain a Georgia PTA Founders' Award for an individual.

**Instructions:**

- Make copies of this form as needed.
- Fill in the information requested below. Please print.
- Allow at least two weeks (10 working days) after receipt of form by Georgia PTA for preparation.
- Home address and full name of recipient are required.
- Founders' Certificate and wallet size identification card will be prepared from this form.
- Please be certain all information and spelling are correct; any errors due to contributor cannot be corrected without additional charge. Incomplete applications will not be processed.
- Write one check (or money order) for all forms submitted at the same time.
- Remember, your PTA check must have two signatures.
- Submit this form along with payment. Keep a copy of this form for your records.
- Award will be mailed to the contact person listed below.
- **Make checks payable and mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366.**  
(A \$30.00 service fee applied for *checks returned for non-sufficient funds.*)

Date		Local Unit ID #	
District	Council	PTA Name	
Contact Person		PTA Position	
Address			
City		State	Zip
Cell Phone		Home Phone	
Email			

\$ \_\_\_\_\_ Founders' Certificate \$100.00 each  
 \$ \_\_\_\_\_ Founders' Bar (optional) \$25.00 each  
 \$ \_\_\_\_\_ **Total Enclosed**

Date of Certificate Presentation: \_\_\_\_\_ (Required)

Name of Recipient	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Address		
City	State	Zip
Email		

<b>FOR OFFICE USE ONLY:</b>	
Amount Received \$ _____	Date Received _____
<input type="checkbox"/> Check/Money Order # _____	<input type="checkbox"/> Cash