



## East Rochester PTA

### Request for Financial Support Form

#### Requestor Information (please print or type)

Group/Organization Name	
Contact Person/Advisor	
Billing address	
City	
State , Zip Code	
Daytime phone number	
Evening phone number	
Email	

#### Nature of Request

Amount you are requesting from ERPTA	\$
Total amount needed for item/activity/event	\$
Amount raised to date	\$
Number of students involved/impacted	
Brief description/purpose of request (please be specific)	

**Please note: Submitting a request does not guarantee a contribution.**

Your Signature	Date
Title	

#### Requests must be submitted for approval by the PTA Membership:

PTA Treasurer  
 222 Woodbine Ave  
 East Rochester, NY 14445  
 Email:

For PTA Treasurer Use Only	
Approved: Yes _____ No _____	
Amount: \$ _____	
Date: _____ Check #: _____	