Dear Parents

You are invited to contribute to the voluntary School Library Gift Fund.

**The School Library Gift Fund is tax-deductible.** A receipt will be issued so that parents can claim the tax deduction in this financial year ending June 30th 2010.

Our P&C will collect General Fund Contributions, Building Fund Contributions and School Club Student Resources Contributions for 2010. We hope that all parents will be able to contribute to the School Library Gift Fund. All children in all classes make use of the library and its resources, and we feel that our library budget target can be met if the fund is well supported by most of the parents.

**Recommended voluntary contributions for the School Library Gift Fund for 2010 are $60 for one child and $100 for 2 or more children.**

To make your contribution please fill out the form below and place it in the white mail box in the office foyer before 10.00am any morning. Mark envelopes “School Library Gift Fund”.

Cheques should be made out to “Eastwood Public School Library Gift Fund”. Payment can be made by cash, cheque or credit card. Receipts for tax deduction purposes will be returned through your child’s class as soon as possible after contributions are received.

The School Library Gift Fund will be used to purchase Library resources. Your contribution will help to ensure that Eastwood Public School continues to provide the very best quality education for our children.

Thank you for your support

Luke Witney
22nd April 2010

Names of Child/ren ____________________________________________  Class _______________

Names of Child/ren ____________________________________________  Class _______________

Parent’s name for Receipt: __________________________________________________________________

**PAYMENT DETAILS**

☐ Paying by Cash/Cheque  AMOUNT ENCLOSED $ .

Signature ______________________________________________________ Date ________________

OR

☐ Paying by Credit Card – please PRINT CLEARLY, place in envelope and return to school

Payment for School Library Gift Fund  AMOUNT $ .

Please debit my ☐ Mastercard ☐ Visa  Expiry Date _____ / _______

Credit Card No. ________________________________

Name on card ____________________________________________________________________________

Signature ______________________________________________________ Date ________________

**CREDIT CARDS CANNOT BE USED FOR PAYMENTS LESS THAN $15.00**