



Welcome PPP Families!

Your teacher will provide each family with the classroom budget proposal for the Parent Participation Program, Inc. - Noble Elementary 2022-2023 academic school year. This will entail an itemized description of planned expenditures and its suggested budget amount. This includes field trips, educational material and supplies, technology and other enrichment programs. Although, it is not an obligation to donate, it is required for our program to sufficiently operate in the manner it was intended.

For families whose employer sponsors in a company matching program, please indicate this on your donation form. Contact your Human Resources department for assistance and clarification. Please note, depending on your donation administrator, this process may take a significant amount of time for the matching funds to reach our PPP Non-Profit checking account. Thus, we encourage your donations to be submitted at your earliest convenience. This allows your teacher for proper planning, as expenses are often paid in advance at the beginning of the school year. Please complete the donation form and submit along with your check to your Class Treasurer. Checks written to: Parent Participation Program, Inc.

Company's Matching Program Administrator will need the following:

- Total Monetary Amount to Match
- **RECIPIENT: PARENT PARTICIPATION PROGRAM, INC.** - Noble Elementary
- **TAX ID number: 20-1508707**
- **Additional Information: Name of Parent, Child, Teacher's Name and/or Class Grade**

The Parent Participation Program, Inc. is a California Non-Profit Public Benefit Corporation and is exempt from income tax pursuant to section 501(c)(3) of the Internal Revenue Code. Your monetary contribution is tax deductible to the extent allowed by law. Tax donation receipt will be provided.

Questions? Please contact Victoria Connick, PPP Treasurer at treasurernobleppp@gmail.com



PPP Donation Form
2022-2023 Academic Year

Student(s) Name: _____ Teacher Name: _____

Parent(s) Name: _____ Grade: _____

Donation Amount: _____ Check Date: _____ Check# _____

*Checks written to: Parent Participation Program, Inc.

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Participating in match program: Yes _____ No _____

If yes, please complete information below:

Company Name: _____

Company Matching Program Administrator: (i.e. Benevity, Your Cause, etc.):

Employee(s) Name your employer uses or Reference information:

Participating in split donation: Yes _____ No _____

If Yes, the 1st donation is due now and the 2nd donation is due January 15, 2023.