

MEMBERSHIP / DONATION FORM

Parent (Guardian) Name(s): _____

Email: _____

Student _____ Grade: ____ Student _____ Grade: ____

Student _____ Grade: ____ Student _____ Grade: ____

Family Membership (includes 1 dress down per student in family) **\$10.00**

Voluntary Donation for Activities and Events (*Tax Deductible*) \$5 \$10 \$25 Other_____ Total Due \$ _____

Mail Payment and Form to: **MLC PTO, INC-** PO Box 955, Bloomfield, CT 06002

MLCpto1@yahoo.com