

Driscoll Elementary PTO

2022.2023 Membership



Parent/Guardian Name(s): _____

E-mail Address: _____

Best Phone Number: _____

Student Name(s)

Grade in 2022.2023

2 3 4 5
2 3 4 5
2 3 4 5

PTO Membership (suggested - \$20.00) \$ _____

Additional Donation (optional) \$ _____

Total Amount Enclosed \$ _____

Thank you for supporting Driscoll Elementary PTO!

CHECK

Please make checks payable to
"Driscoll PTO."

CASH

Please send cash in an envelope
marked "Driscoll PTO."

PAYPAL

PTODriscollElementary@gmail.com



Office Use Only: Paid By: Cash _____ Check # _____ PayPal _____ Date Accounted _____