

Driscoll Elementary PTO



2025.2026 Membership

Parent/GuardianName(s): _____

E-mail Address(es): _____

Best Phone Number(s): _____

Student Name(s)

Grade in 2025.2026

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 OR CASH

Please make checks payable to "Driscoll PTO." Send cash or checks in an envelope marked "Driscoll PTO."

ZELLE

DriscollDragonPTOTreasurer@gmail.com



VENMO

@DragonsPTO



PAYPAL

DriscollDragonPTOTreasurer@gmail.com



Please add a memo for "PTO 25.26 Membership" when sending funds.

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