

Peeples Elementary  
PTO Membership Form

Child's Name: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

I would like to donate:

\_\_\_\$35     \_\_\_\$50 max per family     \_\_\_other in the amount of \$\_\_\_\_\_

Please enclose your check made payable to Peeples Elementary PTO