

DRHS PTSA MEMBERSHIP and DIRECT DONATION

Parent Name _____

Parent Name _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Address _____
Street City Zip

Telephone Number _____

Membership		Direct Donation	
Individual	\$10/ea _____	Suggested donation \$20	_____
or Family	\$25 _____	Other donation \$	_____
<i>All-Inclusive Membership (National, State, Local)</i>		<i>We are eligible for Matching Corporate gifts.</i>	

Membership \$ + Donation \$ = Total \$ _____ enclosed

Please make checks payable to DRHS PTSA