

Galvin PTO Dues

Parent/Guardian Name (s):

First _____ Last _____

Child(ren's) Name:

_____	Grade: _____
_____	Grade: _____
_____	Grade: _____
_____	Grade: _____

Email: _____

Phone: _____

Amount enclosed: _____ \$35.00 _____ \$50.00 Other: \$ _____
(check made payable to “**Galvin PTO**”)

Please return this form with your contribution in an envelope marked “PTO Dues” to your student’s homeroom teacher. Or mail it to:

Galvin Middle School
Attn: Galvin PTO
525 Main St
Wakefield, MA 01880

Thank you so much for your support!