



Littleton PTA Membership: Dues

Please complete the information below and return to school in an envelope marked "Membership".

Mr. _____
(As you would like it to appear on the card)

Mrs. _____
(As you would like it to appear on the card)

Child: _____ Teacher: _____

Child: _____ Teacher: _____

Child: _____ Teacher: _____

E-mail: _____
Please print clearly

Amount enclosed: _____ \$8.00 (single) _____ \$12.00 (family)

Please make checks payable to: Littleton School PTA