

	INFORMATION	I
Parent/Guardian		
First Name:		
Last Name:		
Address:		
E-Mail:		
Work/cell phone:		
	Student(s)	
1. First Name:	Last Name:	Grade:
2. First Name:	Last Name:	Grade:
3. First Name:	Last Name:	Grade:
TDMC DTA is see	$\frac{1}{1}$	ana gui- gtion Contributions guo tau

TPMS-PTA is registered as a 501(c)(3) non-profit organization. Contributions are taxdeductible to the extent permitted by law.

YES I want to support the Takoma Thrives Annual Fundraising Appeal in the amount of:

□ \$5.00 □ \$10.00 □ \$25.00 □ \$50.00 □ Other

Make checks payable to TPMS-PTA

Please return this form and payment to: TPMS-PTA Takoma Park Middle School 7611 Pine Branch Road Silver Spring, MD 20910



Thank You!