



Suffolk Region PTA Danielle Alduino Memorial Scholarship Donation

Before requesting this recognition, please be sure your Unit/Council is in good standing
(Bylaws up to date, Insurance and Membership Paid)

Unit/Council Code Number 05-_____

Unit/Council Name_____

In Memory of **(Please Print Clearly)** _____

A check for \$25.00 should be made out to Suffolk Region PTA (All checks must have 2 signatures)

Memorial Card should be mailed to:

Name_____ Phone#_____

Address_____

City_____ State_____ Zip code_____

Return this form with a check or Money order to:

Suffolk Region PTA
145 Weeks Road
North Babylon, NY 11703

For Office use only

- Bylaws
- Insurance
- Membership

Check Date_____

Check #_____

Check Amount \$ _____ Initials _____