



*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: 05 - \_\_\_\_\_

Unit/Council Name: \_\_\_\_\_

In Memory of (Please PRINT Clearly):

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

Memorial Card should be mailed to:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Return check or money order to:

Suffolk Region PTA  
8 Lake Avenue  
Lake Ronkonkoma, NY 11779

For office us only:

- Bylaws
- Insurance
- Membership

Check Date: \_\_\_\_\_

Check#: \_\_\_\_\_

Check Amt: \_\_\_\_\_ Initials: \_\_\_\_\_