



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):

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
20 Dewey Road
Commack, NY 11725

For office us only:

- Bylaws
- Insurance
- Membership

Check Date: _____

Check#: _____

Check Amt: _____ Initials: _____