



CARD # _____

EDISON HIGH SCHOOL PTSO MEMBERSHIP FORM

MEMBERSHIPS ARE \$10.00 PER FAMILY

PLEASE PRINT THE INFORMATION BELOW

Checks or money orders should be payable to "EHS PTSO" along with this form.

PARENT/GUARDIAN NAME: _____

STREET ADDRESS: _____

ZIP: _____ **PHONE:** (____) _____

PARENT/GUARDIAN EMAIL ADDRESS

Children Attending EHS:

Please provide names and grades

PTSO DONATION

Parents You Have a Choice: Fundraising or Tax-Deductible Donation

This year, we would like to offer our parents a choice on how they support our school. Many parents have expressed an interest in making a tax deductible donation to the PTSO in lieu of fundraisers. A suggested donation is \$25.00, but, please feel free to donate whatever you are most comfortable with. Many employers have a "Matching Gift Program."

Parents Name: _____ Amount Enclosed: \$ _____

A receipt for your tax-deductible donation will be returned to you.

Your generous support whether you choose to make a direct donation or to participate in the PTSO fundraisers will be greatly appreciated!!!

Requests can be dropped off at the main office in the PTSO Mailbox or mailed to:

Edison High School

50 Blvd of the Eagles

Edison, New Jersey 08817

Attn: EHS PTSO Membership