



PLEASE SUPPORT YOUR PTO

A \$3 minimum donation is requested, but larger amounts are greatly appreciated. If you have already contributed to the PTO and would like to donate additional funds, the PTO welcomes your support. The monies collected will be used to purchase materials and supplies for Meadowview students. Please make checks payable to Meadowview Middle School.

Student Name _____

Grade _____

Home Base Teacher _____

Total Amount Enclosed \$ _____

Names of those donating: _____

VOLUNTEERS NEEDED

There are many areas which we, the PTO (Parent Teacher Organization) can assist the teachers and staff at Meadowview Middle School. If you can help in any of these areas listed below and have not already completed this form, please indicate beside the appropriate line and return it to the school as soon as possible. Thank you for your participation.

REMEMBER, the PTO needs volunteers. A PTO member may call you for assistance.

- | | |
|---|---|
| <input type="checkbox"/> Book Store | <input type="checkbox"/> American Education Week |
| <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Teacher Appreciation Week |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Grocery Store Receipt Collection |
| <input type="checkbox"/> Book Fair | <input type="checkbox"/> Vision & Hearing |
| <input type="checkbox"/> Food Committee | <input type="checkbox"/> Dance Chaperone |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Sportswear Sales |
| <input type="checkbox"/> Library Volunteers | <input type="checkbox"/> Band/Chorus Assistance |
| <input type="checkbox"/> PTO Membership | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Athletic Events | <input type="checkbox"/> Laminating |

Name _____

Student Name & Grade _____

Phone Number(s) (H) _____ (C) _____

Times Available:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
AM/PM AM/PM AM/PM AM/PM AM/PM