| DeWitt PTA Direct Appeal   2018-2019   Parent/Caregiver Name:   Address (if you want a receipt sent): |  |   |                                       |
|---|--|---|---------------------------------------|
|   |  | I would like to contribute \$<br>to "DeWitt PTA". | Enclosed please find my check payable |
|   |  | I would like to volunteer. Pleas                  | e contact me at                       |