## Brunswick High School Parent Teacher Student Association (PTSA)

Member Name $\qquad$
If you are a parent, name of your student $\qquad$ Grade of your student (2023-2024)

If more than one child, name of your student $\qquad$ Grade of your student (2023-2024) $\qquad$
BHS Staff Member (circle one) Yes No
Email address:


Address and Phone Number:

Payment Cash Check (Check No.) PayPal

## Optional Donation

Donation Amount: $\qquad$ Acknowledgement of Donation: Yes No
(NOTE: Any donation made stays in total with the BHS PTSA. If you'd like a written acknowledgment of your donation, please make sure to circle "Yes," and we will send you one. Thank you for your consideration of a donation to help with costs to support our students and staff.)

