

Return this registration day or mail in to Main Office or mail to:

Bancroft PTA
1150 Bancroft Ave.
San Leandro, CA 94577

I would like to join Bancroft PTA. Enclosed is my \$20 annual dues. (Checks payable to Bancroft PTA)

I have enclosed an additional donation to Bancroft PTA in the amount of \$_____.

I would like to be added to the Bancroft e-mail address list in order to receive information about Bancroft PTA and school events. This list is not shared with other groups.

I would like to participate in the e-scrip program. Here is my Safeway Club Card # _____

I am already enrolled in the e-scrip program and give Bancroft permission to renew my support annually.

Name: _____ Phone #: _____