

**\$12.00**

## Bedford PTG Membership – Calendar



YES, calendar                       NO Calendar, Donation only

Name \_\_\_\_\_ Phone # \_\_\_\_\_

School \_\_\_\_\_ Email \_\_\_\_\_

Children's Name	Grade	Teacher
_____		
_____		
_____		
_____		

Please make checks payable to **Bedford PTG**  
(Use this envelope for the calendar payment/Donation Only.)  
Return this envelope with payment to your child's teacher and we will forward a calendar to you.  
Thank you for supporting the Bedford PTG!