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John H. West Elementary PTA

everychild. onevoice.®

499 Boundary Avenue Bethpage, NY 11714

Class Funds Summary
*To Be Given to Ariel Howards

Teacher:	Grade:
Your Name: Phone Number:	Email:
Total Number of Kids in Class:	Total Number of Kids Who Send in Payments:

Total Cash Amount:
Total Dollar Amount of Payment by Check:
Total Being Deposited:

Child's Name	Check Number/Cash	Dollar Amount

Signature of Class Parent:_____ Date:_____