

West Islip Teachers' Association
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WITA Executive Board
Joseph M. Dixon, President
Shawn Wallace, First Vice-President
Dave Kaufman, VP Secondary Schools
Karen Desz, VP Elementary Schools
John Lavery, Treasurer
Karen McCarthy, Secretary

Donation Consent Form

I have been advised that the West Islip Teachers' Association has made and received donations and established a fund with such donations for the purpose of assisting West Islip School District students who are in need of financial assistance.

I, _____, parent and/or guardian of _____
(Print parent and/or guardian name) (Print child's full name)

Hereby authorize the West Islip Union Free School District Superintendent, or her

designee, to advise the West Islip Teachers' Association of my willingness to

accept a donation to assist my child in connection with _____
(Name of Activity)

on _____ based upon my need for financial assistance. My child
(Date of Activity)

is in _____ grade at the _____. My child's birth
(Grade) (School Name)

date is _____.
(DOB)

I understand and agree that the West Islip Teachers' Association may make a donation to the School District on behalf of my child.

(Parent and/or Guardian Signature)

(Date)