

Denver Classroom Teachers Association  
1500 Grant Street, Suite 200  
Denver, CO 80203

To Whom It May Concern:

I am writing this letter to request my \$24 Every Member Option refund for the 2010-2011 school year. Please kindly send the payment to the address listed below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date