

Saint Vrain Valley Education Association
255 Weaver Park Road, Suite 202
Longmont, CO 80501

To Whom It May Concern:

I am writing this letter to request my \$10 Every Member Option refund for the 2012-2013 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