

To Whom It May Concern:

I am writing this letter to request my Every Member Option refund for the 2016-17 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