

Name		Maiden Name		
Address				
Street	City	State	Zip	
Phone ()	Cell ()		
Year of Graduation				
Email address				
Please	print clearly			
Do you need a membership card mai	iled to you? Yes	No		
Thank you for your continued intere	st and support.			
Payment Options				
1. Enclosed is my check for \$				
2. This payment will be satisfied Please arrange for deduction o			oloyees only.	
Signature (required for payrol	l deduction) Emp	oloyee # D	ate	
3. Charge this gift to my credit ca	ard. (Please complete section	ion below.)		
Credit Card Donations				
MASTERCARD	VISA	Α		
DISCOVER		EX		
Expiration Date	CSV/CSC Code	(from back of co	ard)	
Amount \$				
Card Holder's Name (as it appears or	n card)			
Card Holder's Signature				

Alumni Dues

\$25.00