

# Alumni Donation Form



Name: \_\_\_\_\_ Class year \_\_\_\_\_  
(include maiden name if applicable)

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

City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Please indicate your donation below:

\$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ Other Amount \$ \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

**Please make checks payable to:**  
**Chelsea Alumni Association**  
**P.O. Box 391, Chelsea, OK 74016**