

**CARROLLTON SCHOOLS ALUMNI FOUNDATION
2014 MEMBERSHIP APPLICATION & CONTRIBUTION FORM**

Name _____

Maiden Name _____

Address _____

Phone _____

Email _____

Amount of Contribution Enclosed \$ _____

Year Graduated _____

(Please mark intended membership.)

_____ LIFETIME MEMBERSHIP (\$500) One-time membership purchase for life.
Alumni with voting rights on election of trustees at annual meeting.

_____ SUSTAINING MEMBERSHIP (\$30 & Over) Annual contribution.
Alumni with voting rights on election of trustees at annual meeting.

_____ CONTRIBUTING MEMBERSHIP (Under \$30)

_____ ASSOCIATE MEMBERSHIP (Any Amount)
Non-alumni wishing to contribute- Individuals, Institutions, Organizations,
Businesses or Corporations.

CLASSROOM GRANTS

-Minimum contribution of \$100 is required to sponsor a Classroom Grant-

_____ Yes, I would like to sponsor a Classroom Grant.

Amount of Contribution Enclosed \$ _____

Grant in the Name of _____

Please mail your membership and tax-deductible contribution to:

Carrollton Schools Alumni Foundation, Inc.

P.O. Box 616, Carrollton, OH 44615

www.carrolltonalumni.org