

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

January 1 - December 31

Name _____

Maiden Name _____ Year Graduated _____

- complete the following if there are changes from last year -

Address _____

Phone _____

Email _____

(Please mark intended membership.) New _____ Renewal _____

_____ LIFETIME MEMBERSHIP (\$500) One-time membership purchase.

_____ 3 Yr Option ___1st Yr \$200, ___2nd Yr \$200, ___3rd Yr \$100

Alumni with voting rights at annual meeting/after 2nd yr w/option.

_____ SUSTAINING MEMBERSHIP (\$30) Annual contribution.

Alumni with voting rights at annual meeting.

_____ ASSOCIATE MEMBERSHIP (Any Amount) \$ _____

Non-alumni Individuals, and/or Institutions, Organizations, Businesses,
or Corporations.

CLASSROOM GRANT/SUPPORT

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

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

Amount of Contribution \$ _____

Grant in the Honor or Memory of _____

_____ Yes, I would like to support Carrollton Schools Alumni Foundation

Donation/Gift amount \$ _____ (Annual Programs _____ Endowment _____)

Amount of Total Contribution Enclosed \$ _____

Date / / Check #

Please mail your membership and tax-deductible contribution to:

Carrollton Schools Alumni Foundation, Inc.

P.O. Box 616, Carrollton, OH 44615

www.carrolltonschools.org/alumni