

St. Vincent School of Nursing Alumni Association

**Dues Notice
\$15.00**

Name _____ Class _____
Last, First, Maiden

Street Address _____

City _____

State _____

Zip _____

**Perpetual Members are not required to pay dues, BUT your contribution is greatly appreciated.
(Perpetual Members are those that have been members for 50 years or more).

DONATIONS appreciated to the following:

\$ _____ Consolidated Scholarship Fund

\$ _____ Postage

\$ _____ Baillet

\$ _____ Bakeless Bake Sale

\$ _____ Other

Return To:

St. Vincent School Of Nursing Alumni Association

Jan Blaszczyk

5895 Marin Dr

Toledo, OH 43613

(Please Copy, Print & Return This Form With Payment)

Checks Payable to St Vincent Alumni Association

For more information:

St. Vincent Alumni Association

[Email: blake@buckeye-express.com](mailto:blake@buckeye-express.com)