

Alumni Association
St. Francis Medical Center School of Nursing
P. O. Box 40182
Pittsburgh, PA 15201

Membership Form

Please Print:

Name _____

Date of Birth _____

Name at Graduation _____

Year of Graduation _____

Address _____

Phone Number _____

E-mail Address _____

Please Check One:

Gold Member (Free on 50th Anniversary) Donations appreciated

Regular Member \$25.00 **

Honorary Member \$25.00 – Honorary members are asked to pay the same amount as the regular members to help cover expenses

** Membership is \$20.00 if paid by May 30, 2016

Make checks payable to:

AASFMCSN or Alumni Association St. Francis Medical Center School of Nursing

Calendar Raffle

You can be a part of the Alumni's June fundraiser.
Ticket holders win based on the Pennsylvania Daily Evening Number Drawing
30 Chances to win!
\$25.00 to \$100.00

I would like to purchase _____ tickets. Enclosed is \$5.00 for each ticket.
Tickets must be requested by May 28, 2016

Winners will be notified by mail.