

ALUMNI ASSOCIATION OF



**FITCHBURG HIGH SCHOOL, INC.
P.O. BOX 906
FITCHBURG, MA 01420**

DONATION FORM

**I would like to make a donation to the
Alumni Award Fund in the Amount of \$ _____**

Please make check payable to:

Alumni Association of FHS, Inc.

Please check/update the alumni files to show:

Name: _____ Maiden Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Class of: _____

Enclosed are my Alumni Dues:

(check one) _____ \$5.00 for 1 year or _____ \$25.00 for Life Membership

Email Address: _____ Phone: _____