



PHS ALUMNI ASSOCIATION *membership application*

We've got plans for the future...
...and they include you!

_____ YES, I still care about PHS and want to be a part of the ALUMNI ASSOCIATION

_____ I would like to receive the quarterly PHS Alumni Newsletter and have enclosed \$15.00 (annual fee) to cover printing and postage.

_____ I would like to make a donation to the PHS Alumni Association in the amount of...
___ \$25.00 ___ \$50.00 ___ \$75.00 ___ \$100.00 ___ Other

To complete your enrollment: Fill in the form below, write your check payable to PHS Alumni Association, and mail to PHS Alumni Association, PO Box 406, Plainfield, IL 60544.

NAME: _____ MAIDEN NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CLASS: _____ PHONE: _____ EMAIL: _____

* All contributions for membership are tax-deductible to the extent as allowed by law.

Thank You for your Support!