

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

## Membership Form

Please Print:

Name \_\_\_\_\_

Name at Graduation \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_

Please Check One:

Gold Member (Free on 50<sup>th</sup> 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 April 10<sup>th</sup>.

Make checks payable to:

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

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## Calendar Raffle

You can be a part of the Alumni's May fundraiser.  
Ticket holders win based on the Pennsylvania Daily Evening Number Drawing  
31 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 April 10

Winners will be notified by mail.