

Washington High School Alumni Association

WHSAA: New / Renewal / Memorial / In Honor of (circle one)

Name: _____ Class of _____

Maiden Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Every alumni is encouraged to consider at least \$5.00 annual donation; your donation is tax deductible.

*My donation is in **memory** of / or **in honor** of*

Name _____ Class of _____

My Contribution is for (please check one),
(Separate checks are requested if donating to both funds. Thank you.)

WHSAA Operation Fund _____

WHSAA Scholarship Fund _____

Print and mail to:

**WHSAA
Room H-214
One Paul Brown Dr SE
Massillon, OH 44646**