



Membership Form

Holland-Springfield Alumni Association
Once a Blue Devil, Always a Blue Devil.

Donor Information (please print or type)

Name (Maiden)	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Fax	
E-Mail	
Year of Graduation	

Pledge Information

I (we) wish to designate this contribution in the form of:
 Membership Memorial Scholarship Funds Other.

Please Check One:

<input type="checkbox"/>	Bronze Membership (One Year)	\$10.00
<input type="checkbox"/>	Diamond Membership (Lifetime Member)	\$100.00

Gift will be matched by _____ (company/family/foundation).
 Form enclosed Form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Holland-Springfield Alumni Association
6900 Hall Street
Holland, OH 43528

Thank You for your **tax deductible** donation!