

_____ **ANNUAL DUES STATEMENT**

AMOUNT \$10.00

Name _____
(If married, please include maiden name)

Address _____

(Include City, Town, State)

Zip Code _____ Class _____

Please enclose \$10.00 and forward this statement to:

**West Catholic Girls' Alumnae Association
P.O. Box 805, Broomall, PA 19008**

**To receive a Dues Card, you must include
a self-addressed, stamped envelope**

Checks payable to WCGAA