

ANNUAL DUES STATEMENT

AMOUNT \$15.00

Name _____

(If married, please include maiden name)

Address _____

Zip Code _____ Class _____

Phone _____ Email _____

Please mail your check for \$15.00 payable to WCGAA along with this form 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