

Alumnae Scholarship Donation Form

Name (Include Maiden Name) _____ Class _____

Address _____

City, State, Zip _____

Email Address _____ Phone Number _____

Contribution \$25 _____ \$50 _____ \$100 _____ Other, please specify \$_____

Make check payable to WCGAA and mail to:

West Catholic Girls' Alumnae Association

PO Box 805

Broomall, PA 19008