

ANNUAL DUES STATEMENT

AMOUNT \$20.00

Name_____

(If married, please include maiden name)

Address_____

Zip Code _____ Class _____

Phone_____ Email_____

Please mail your check for \$20.00 payable to WCGAA along with this form to:

West Catholic Girls' Alumnae Association

PO Box 805, Broomall, PA 19008

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