



**SEAMAN HIGH SCHOOL
ALUMNI ASSOCIATION, INC
TOPEKA, KANSAS**

CONTRIBUTION FORM

NAME _____ (PLEASE INCLUDE MAIDEN NAME)

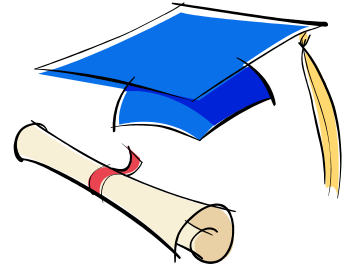
STREET ADDRESS _____

CITY, STATE, ZIP _____

CLASS OF _____

AMOUNT SUBMITTED FOR CONTRIBUTION \$ _____

AMOUNT SUBMITTED FOR ENDOWMENT \$ _____



COMMENTS:

SUBMIT ONE FORM FOR EACH ALUMNI

PLEASE SUBMIT SEPARATE CHECKS FOR CONTRIBUTIONS AND ENDOWMENT

MAKE CHECK PAYABLE TO: SEAMAN HIGH SCHOOL ALUMNI ASSOCIATION

RETURN TO: SEAMAN HIGH SCHOOL ALUMNI ASSOCIATION
c/o DEBRA MEINHOLDT, TREASURER
1900 NW CENTRAL AVENUE
TOPEKA, KANSAS 66608 1804

