

GEORGE WASHINGTON HIGH SCHOOL ALUMNI ASSOCIATION

GIFT MEMBERSHIP



PLEASE PRINT CLEARLY and use a new form for each gift membership.

Your Name _____
First Maiden (if applicable) Last

Home Address _____

City _____ State/Province _____ Zip/Postcode _____

Today's Date _____ Class: Spring Fall of _____
(or indicate Current or Former Teacher or Staff, or Friend of GWHS. If you did not graduate, enter the semester and year you would have graduated.)

Phones: Home _____ Work* _____ Cell* _____

Emails: Home _____ Work* _____

* Including this information is optional, we will only use it to contact you if your primary information becomes invalid.

I have enclosed **\$30** for a GWHSAA Life Membership to:

Gift Recipient Name _____
First Maiden (if applicable) Last

Nickname or Other Name at GWHS? _____

Home Address _____

City _____ State/Province _____ Zip/Postcode _____

Out-of-US Country _____ Class: Spring Fall of _____
(or indicate Current or Former Teacher or Staff, or Friend of GWHS. If they did not graduate, enter the semester and year they would have graduated.)

Phones: Home _____ Work* _____ Cell* _____

Emails: Home _____ Work* _____

* Including this information is optional, we will only use it to contact your gift recipient if the primary information becomes invalid.

Send *AlumniScopes* by mail email ~ If their email bounces, we'll resume mail delivery until they update their email with us.

Privacy is important to us. We do not sell our list to organizations aside from reunion committees, and we never release members' information to others without the member's permission.

Please use a separate form for each gift membership, but you may pay with one check. Make your check or money order payable to **GWHS Alumni Association**. We're currently unable to process credit cards. **Do not mail cash!** or GWHSAA, and mail to the address below. Contributions to the GWHSAA are tax-deductible to the extent allowed by law. Please consult with your tax advisor. **Thank you for your support of GWHSAA!**

Internal Use Only

memb # _____
 card mail date _____
 initials _____
 DB rec # _____
 DB entry date _____
 initials _____

Rev 6/08

Today's Date _____ \$30 gift memb for _____

Save this stub! Mail the rest of form with payment to:

GWHS ALUMNI ASSOCIATION
 600 32nd Avenue
 San Francisco, CA 94121-2733

CONTACT GWHSAA

415-750-8400 (leave a message for Alumni Association)
gwhsalumni@yahoo.com

Until we get our own site, our corner of the school's site:

http://sfportal.sfusd.edu/sites/washington_hs/alumnisharepoint

Rev 6/08