

**My Contribution to the Scholarship Fund**  
(tax deductible)

\$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$500 \_\_\_\_\_ Other \$ \_\_\_\_\_

Name \_\_\_\_\_ Class of \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

If spouse is also a graduate, please provide name and graduating class:

Name \_\_\_\_\_ Class of \_\_\_\_\_

If contribution is "in honor of" or "in memory of," please provide appropriate information:

In Honor Of \_\_\_\_\_ Class of \_\_\_\_\_

In Memory Of \_\_\_\_\_ Class of \_\_\_\_\_

Please make checks payable to: Phillips Alumni Association  
Mail completed form to: Phillips Alumni Association, P.O. Box 108, Phillips, WI 54555