

ALUMNAE ASSOCIATION OF THE COLLEGE OF SAINT TERESA
DUES MEMBERSHIP 7-1-2017 TO 6-30-2018

Name: _____
 first maiden last class year

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ - _____ - _____ (Cell) _____ - _____ - _____

Email Address: * _____ CST ID #: _____

_____ O T H E R _____ \$500 Saint Francis _____ \$100 Saint Clare
_____ \$1000 Campanile _____ \$250 Saint Teresa _____ \$ 50 REGULAR

Make Checks Payable To: **ALUMNAE OF CST, 357 Gould Street, Winona MN 55987**
(Credit Card info on back)

Will you accept our publications on email? Y___N___ * Please include email address.

ALUMNAE ASSOCIATION OF THE COLLEGE OF SAINT TERESA
DUES MEMBERSHIP 7-1-2017 TO 6-30-2018

Name: _____
 first maiden last class year

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ - _____ - _____ (Cell) _____ - _____ - _____

Email Address: * _____ CST ID #: _____

_____ O T H E R _____ \$500 Saint Francis _____ \$100 Saint Clare
_____ \$1000 Campanile _____ \$250 Saint Teresa _____ \$ 50 REGULAR

Make Checks Payable To: **ALUMNAE OF CST, 357 Gould Street, Winona MN 55987**
(Credit Card info on back)

Will you accept our publications on email? Y___N___ * Please include email address.

ALUMNAE ASSOCIATION OF THE COLLEGE OF SAINT TERESA
DUES MEMBERSHIP 7-1-2017 TO 6-30-2018

Name: _____
 first maiden last class year

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ - _____ - _____ (Cell) _____ - _____ - _____

Email Address: * _____ CST ID #: _____

_____ O T H E R _____ \$500 Saint Francis _____ \$100 Saint Clare
_____ \$1000 Campanile _____ \$250 Saint Teresa _____ \$ 50 REGULAR

Make Checks Payable To: **ALUMNAE OF CST, 357 Gould Street, Winona MN 55987**
(Credit Card info on back)

Will you accept our publications on email? Y___N___ * Please include email address.

*Please see options
for dues payment
on back of card....*

OPTIONS

- 1: Gift by Electronic Transfer
- 2: Monthly gift by credit card
- 3: One-time payment
4. PayPal option on our website at www.cstalums.org

*Please see options
for dues payment
on back of card....*

OPTIONS

- 1: Gift by Electronic Transfer
- 2: Monthly gift by credit card
- 3: One-time payment
4. PayPal option on our website at www.cstalums.org

*Please see options
for dues payment
on back of card....*

OPTIONS

- 1: Gift by Electronic Transfer
- 2: Monthly gift by credit card
- 3: One-time payment
4. PayPal option on our website at www.cstalums.org

OPTION 1

GIFT BY ELECTRONIC TRANSFER

Electronic Funds Transfer is an option that allows you to give faithfully without writing a check every month. Your gift will automatically be transferred from your bank account each month.

To get started, you will need to fill out a form. Please give us a phone number where you can be reached. There will be a one-time \$10 charge to set up this transfer.

Phone

Signature

Date

OPTION 2

MONTHLY GIFT BY CREDIT OR DEBIT CARD

- VISA DISCOVER
- MASTERCARD

CARD NUMBER

EXP. DATE 3-digit CVD

PRINT NAME AS IT APPEARS ON THE CARD

CARDHOLDER'S SIGNATURE

Please transfer my gift of \$_____ on the
 15th or 30th of each month, beginning
(month) _____ ending _____

OPTION 3

**DUES MEMBERSHIP 7-1-17 TO 6-30-18
ONE TIME PAYMENT (select one)**

- CHECK # _____ VISA
 DISCOVER MASTERCARD

AMOUNT \$ _____

CARD NUMBER

EXP. DATE 3-digit CVD

PRINT NAME AS IT APPEARS ON THE CARD

CARDHOLDERS SIGNATURE

OPTION 1

GIFT BY ELECTRONIC TRANSFER

Electronic Funds Transfer is an option that allows you to give faithfully without writing a check every month. Your gift will automatically be transferred from your bank account each month.

To get started, you will need to fill out a form. Please give us a phone number where you can be reached. There will be a one-time \$10 charge to set up this transfer.

Phone

Signature

Date

OPTION 2

MONTHLY GIFT BY CREDIT OR DEBIT CARD

- VISA DISCOVER
- MASTERCARD

CARD NUMBER

EXP. DATE 3-digit CVD

PRINT NAME AS IT APPEARS ON THE CARD

CARDHOLDER'S SIGNATURE

Please transfer my gift of \$_____ on the
 15th or 30th of each month, beginning
(month) _____ ending _____

OPTION 3

**DUES MEMBERSHIP 7-1-17 TO 6-30-18
ONE TIME PAYMENT (select one)**

- CHECK # _____ VISA
 DISCOVER MASTERCARD

AMOUNT \$ _____

CARD NUMBER

EXP. DATE 3-digit CVD

PRINT NAME AS IT APPEARS ON THE CARD

CARDHOLDERS SIGNATURE

OPTION 1

GIFT BY ELECTRONIC TRANSFER

Electronic Funds Transfer is an option that allows you to give faithfully without writing a check every month. Your gift will automatically be transferred from your bank account each month.

To get started, you will need to fill out a form. Please give us a phone number where you can be reached. There will be a one-time \$10 charge to set up this transfer.

Phone

Signature

Date

OPTION 2

MONTHLY GIFT BY CREDIT OR DEBIT CARD

- VISA DISCOVER
- MASTERCARD

CARD NUMBER

EXP. DATE 3-digit CVD

PRINT NAME AS IT APPEARS ON THE CARD

CARDHOLDER'S SIGNATURE

Please transfer my gift of \$_____ on the
 15th or 30th of each month, beginning
(month) _____ ending _____

OPTION 3

**DUES MEMBERSHIP 7-1-167TO 6-30-18
ONE TIME PAYMENT (select one)**

- CHECK # _____ VISA
 DISCOVER MASTERCARD

AMOUNT \$ _____

CARD NUMBER

EXP. DATE 3-digit CVD

PRINT NAME AS IT APPEARS ON THE CARD

CARDHOLDERS SIGNATURE