

Teresan Memento Program
Prayer Request

Please enroll _____

If CST Alumna _____
Maiden Name Class Year

Reason for enrolling _____

Enrolled person is

- CST Alumna
 No CST connection
 Relative of Alumna: _____ of
Relationship

First Maiden Last Class Year

Send card to _____
Name

Address

City State Zip

From _____
Name

If CST Alumna _____
Maiden Name Class Year

Address

City State Zip

Donation \$ _____ **Date** _____

*Checks payable to: Alumnae of CST
357 Gould Street
Winona MN 55987*

Please send me more forms