

Teresan Memorial Program For Deceased

Please enroll _____

If CST Alumna _____
Maiden Name Class Year

Date of Death _____

Deceased is

No CST connection

CST Alumna

Y N List in Newsletter?

Relative of Alumna

Y N List in Newsletter?

_____ 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