ALUMNAE ASSOCIATION OF THE COLLEGE OF SAINT TERESA
DUES MEMBERSHIP 7-1-2018 TO 6-30-2019

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*

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 3
DUES MEMBERSHIP 7-1-18 TO 6-30-19
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 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 _____