

Please register for our upcoming events

Golden Oldies Reunion, Nov. 18

Name: _____ Class Year _____

Guest Name _____

Number Attending _____

_____ Enclosed is my payment for the Reunion

_____ Enclosed is my Scholarship donation

_____ I will bring my scholarship donation to the reunion

_____ I am unable to attend the reunion, but I am enclosing a contribution for the scholarship fund.

Alumni Memorial Prayer Service, November 2 @ 10am

_____ Yes, I would like to purchase a Mum(\$10) in memory of a passed loved one

Your Name: _____ Class Year _____

Name of Loved One to Honor at Prayer Service:

_____ Number of Mums to purchase for altar for \$10.00/each

_____ Yes, I would like to attend Prayer Service on November 2

_____ No, I can't make the Prayer Service but would still like to purchase a mum

Please return the form and payment to CCHS Advancement Office
625 Seventh Avenue
Troy, NY 12182

If you have any questions, please feel free to contact me at (518) 235 – 7100 Ext. 210 or e-mail me at vbariteau@cchstroy.org