



## LHS ALUMNI ASSOCIATION DUES AND DONATIONS

Last Name \_\_\_\_\_  
(Please Print)

Maiden Name \_\_\_\_\_  
(If Applicable)

First Name \_\_\_\_\_

Class Of \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

**Dues:** \$10 for 1 year \$ \_\_\_\_\_  
(can pay as many years as you would like)

**Donations:** Alumni Association \$ \_\_\_\_\_

Scholarship fund \$ \_\_\_\_\_

**Total Enclosed:** \$ \_\_\_\_\_

Please return this form with your check made payable to: LHS Alumni Association

TO: LHS Alumni Association  
PO Box 911  
Lebanon, NH 03766

*Thank you for your support!*