

SBHS Alumni Association

P.O. Box 6121, Santa Barbara, CA 93160-6121

Make A Difference

YES, I WANT TO MAKE A DIFFERENCE. Please find my \$ _____ check enclosed.
_____ I want to be a LIFETIME member for \$40.00.

Includes a copy of "Noticias" and "A 125 Year History of SBHS"

(PLEASE NOTE: IF YOUR NAME IS ON THE MAILING LABEL OF THE ALUMNI NEWSLETTER, YOU ARE PRESENTLY A VALUED MEMBER)

- _____ I wish to contribute \$ _____ to the scholarship fund in memory of _____
_____ I wish to contribute \$ _____ to the Special Projects/Anniversary Fund.
_____ I wish to contribute \$ _____ to the Classroom Assistant Program (CAP).
_____ I wish to contribute \$ _____ to the General Fund (Newsletter and operating costs).
_____ I wish to contribute \$ _____ to the Adopt-a-Classroom Fund.
_____ I wish to inform you of a change in my address/name as show below.

Please made checks payable to SBHS ALUMNI ASSOCIATION

Title: Mr., Mrs., Miss, Ms., or Title. (Circle or State one)

First: Middle: Last: Maiden:

Class: Spouse Home Ph: ()

Address: Apt. # Bus. Ph: ()

City: State: Zip+4 -

Email:
