

# *Santa Barbara High School Alumni Association*

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

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## *Make A Difference*

YES, I WANT TO MAKE A DIFFERENCE. Please find my \$ \_\_\_\_\_ check enclosed.

\_\_\_\_\_ I want to be a LIFETIME member for the one-time membership fee of \$40.00.

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

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(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 Assistance 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 shown below.

\*\*\* Please make checks payable to the SBHS ALUMNI ASSOCIATION \*\*\*

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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: \_\_\_\_\_ + \_\_\_\_\_

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