

# ATTENTION

At the bottom right side of this page is a newly revised Membership Form. If you have any membership forms prior to this issue, please destroy them and use our new Membership Form.

PLEASE NOTE: While every attempt is made to assure the accuracy of the information in the Alumni newsletter, any omissions or misspellings are unintentional.

**The 26th ANNUAL ST. CLAIRSVILLE ALUMNI PICNIC WILL BE JULY 27, 2019. PLAN TO ATTEND**



## St. Clairsville Alumni Scholarship Fund

PLEASE SEND YOUR DONATION TO:  
St. Clairsville Alumni Association  
P.O. Box 753  
St. Clairsville, OH 43950-0753

Name \_\_\_\_\_

Class of \_\_\_\_\_ Contribution Amount \$ \_\_\_\_\_

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Please send acknowledgment of my gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

May we publish, not the amount, but your name and the person(s) in whose memory/honor you are contributing?

YES  NO

### Please Send Us Your News!

Name \_\_\_\_\_  
\* Include maiden name (if applicable) as well as class year for all persons listed.

Address \_\_\_\_\_

Class of \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**We prefer to have articles typewritten.**  
**If that is not possible, please write legibly.**  
**Use additional paper if necessary.**

**or Email your news to:**  
**pgwallace@outlook.com**

**Mail to:**  
**St. Clairsville Alumni Association**  
**P. O. Box 753**  
**St. Clairsville, OH 43950**

### MEMBERSHIP FORM

Name \_\_\_\_\_  
(Please include maiden name if applicable)

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Class \_\_\_\_\_  Teacher  Spouse  Friend

Please Check One  Renewal  New Membership

#### ANNUAL MEMBERSHIP

Single \$10.00      Husband & Wife \$15.00

#### LIFE MEMBERSHIP

Class of 1987 or before      \$40.00

Mail to: St. Clairsville Alumni Association  
PO Box 753  
St. Clairsville, OH 43950-0753