



WCSU Alumni Nursing Society Membership and Pledge Card

Please print, fill out, and return the following form along with your \$25.00 dues check and any additional donations to the **WCSU Alumni Nursing Society**, 181 White Street, Danbury, CT 06810.

Please make all checks payable to **WCSU Alumni Nursing Society**.

Yes, I want to join the
WCSU Alumni Nursing Society.

Annual dues through 9/1/06 \$25.00

I would like to support the
College in the following way:

Alumni Scholarship Fund \$ _____

Other Fund (please specify) \$ _____

Total \$ _____

Thank you for supporting the **WCSU Alumni Nursing Society**.

For more information about the society, check the website: www.wcsu.edu/alumni.



WCSU Alumni Nursing Society Update

Please fill out the following form if your contact information has changed or you would like to share what is going on in your life. Please return the form to the [WCSU Alumni Nursing Society](#), 181 White Street, Danbury, CT 06810.

Nursing Alumni Update

E-mail _____ Phone (H) _____ (W) _____

Name _____ Grad Year _____

Address _____

For publication in the [AlumniNews](#).

Let fellow WCSU Nursing alumni know what is going on in your file (career moves, accomplishments and other changes).
