



Reply Card

___ I/We will attend the class of 1969 reunion.

Alumnus Name (include maiden name):

Guest Name:

Alumnus E-mail & Phone:

Enclosed is a reservation for _____ people x \$75/person, plus an optional tax-deductible donation of \$_____ toward the reunion class gift for a total of \$_____.

___ I am unable to attend, but would like to make a donation toward the 1969 reunion class gift in the amount of \$_____.

Preferred Payment Options:

___ Check (payable to WCSU Foundation/1969 Reunion)

OR ___ Visa ___ MasterCard ___ Discover

Credit Card # _____ Exp. _____

Name on Card _____

Signature _____

Mail in the envelope provided. For more information or to RSVP by phone, call (203) 837-8290.