



Yes, I want to participate in the WestConn Alumni Association's **WCSUSave** program.

Business Name: _____

Contact: _____

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City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Website: _____

Discount/Offer/Incentive: _____

Please mail this form and \$50 participation fee (payable to WCSU-Save Program) to the WCSU Office of Alumni Relations, Attn: WCSU Save Program, 181 White Street, Danbury, CT 06810.

For a list of participating businesses, visit www.wcsu.edu/alumni.