

McKeesport H.S. Alumni & Friends Association Membership Form

Name _____ MHS Class of _____ **OR** Friend _____
(women grads include maiden name) (fill in appropriate category)

Address _____

_____ City _____ State _____ Zip Code _____

Email: _____ Phone _____

PLEASE ENROLL ME AS A:

_____ \$20 Regular Member _____ \$50 Supporting Member _____ \$100 Sustaining Member

_____ I want to contribute to the GIVE-BACK GIFT for the high school library project in the amount of \$ _____

_____ I want to contribute to the ALL-ALUMNI SCHOLARSHIP in the amount of \$ _____

PAYMENT: _____ Check Enclosed (*make payable to the Consortium for Public Education*)

OR Charge my: Visa MasterCard _____

Expiration Date _____ / _____ CVV/CVC Code (3 digits) _____

Signature: _____

**Mail to: Consortium for Public Education
410 Ninth Street
McKeesport, PA 15132**