

ARTS HIGH SCHOOL ALUMNI ASSOCIATION  
P.O. BOX 32072  
NEWARK NEW JERSEY 07102  
973.675.0185

Name: (last) \_\_\_\_\_ (maiden) \_\_\_\_\_ (first) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Class of \_\_\_\_\_ Major \_\_\_\_\_

Biographical information (optional)

Occupation \_\_\_\_\_

Additional Education \_\_\_\_\_

Affiliations \_\_\_\_\_

Titles, Awards, Honors, etc. \_\_\_\_\_

Enclosed is my tax-deductible money order or personal check donation made payable to:

***ARTS HIGH SCHOOL ALUMNI ASSOCIATION***

- I wish to support the efforts of the Association by enclosing my \$10.00 membership dues. Dues are payable annually for the period January 1<sup>st</sup> to December 31<sup>st</sup>
- Please reserve my spot on the Honor Roll Plaque. Minimum donation: \$100.00. Please print name to be engraved below. Maximum number of letters and spaces cannot exceed 28 characters.

\_\_\_\_\_  
Please type or print legibly

- Please continue the Scholarship Fund by accepting my donation of:
- |                                     |                                   |                                   |
|-------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$1,000.00 | <input type="checkbox"/> \$500.00 | <input type="checkbox"/> \$250.00 |
| <input type="checkbox"/> \$100.00   | <input type="checkbox"/> \$50.00  | <input type="checkbox"/> \$25.00  |
- Other \$ \_\_\_\_\_

- Arts High School Alumni Association is a non-profit tax-exempt 501 (c)(3) organization.
- Contributions are tax deductible.