

Alumni Wall Application

Yes, I want to be a part of ASHS with my tile!

I wish to purchase a tile. Enclosed is my full payment of \$ _____ (Minimum \$100 per tile)

C	L	A	S	S		O	F	—	—	—	—								

(Remember that periods and spaces between words are counted as characters)

CHECK HERE IF YOU ARE PURCHASING A TILE FOR A DECEASED ALUMNUS. THE NAME ON THESE TILES WILL BE PREFACED WITH "IN MEMORY OF"

Name _____ E-mail _____

Address _____
Street City State Zip

Please make checks payable to:
 ASHS Capital Campaign
 1000 Barataria Boulevard
 Marrero, LA 70072
 For more info, 347-9895

Credit/Debit Card Payments: VISA MasterCard

Amt. Charged \$ _____ Account No. _____ Exp. Date _____

Signature _____ Date _____