



UMass

| Dartmouth

Active Alumni Form

Personal Information

Current Name _____

Name at Graduation _____

Class Year _____

Home Address _____

City/State/Zip _____

Home Phone _____

Home Fax _____

Email _____

Mailing Address (if different) _____

Company Name _____

Company Address _____

City/State/Zip _____

Work Phone _____

Work Fax _____



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Payment Information : \$25.00 dues

Please make check payable to the UMD Alumni Association.

* * * * *

In addition to my UMass Dartmouth Alumni Association dues, I have enclosed an additional donation of \$ _____.

Please direct this additional gift to:

- Area of Greatest Need
- Alumni Scholarship
- Alumni Endowment
- Other _____

Matching gifts from your company increase the impact of your gift. Please check with your Human Resources office for eligibility requirements. **Thank you.**

Total Enclosed \$ _____.

News:

Please include any news you would like to share in our Class Notes here. (Use the back of this page if needed.)
