

**PUPILS OF
MRS. MARION SHELDON PIERPONT**

Please give your current address and phone number(s):

***NO CHANGES** _____ (please fill in name) **CLASS YEAR:** _____

NAME: _____

STREET: _____

CITY: _____ STATE/PROVINCE _____

ZIP/MAIL CODE _____ COUNTRY _____

HOME PHONE: _____

WORK /CELL PHONE: _____

EMAIL _____

2011/2012 – PAYMENT DUE BY -- June 1, 2012: \$50.00

Will () Will Not () be attending on Saturday, Aug 4, 2012

Additional Contributions:

THE MOTHER CHURCH FUND _____

ASSOCIATION GENERAL FUND _____

SPEAKER'S FUND _____

STUDENT GRANT FUND _____

TOTAL ENCLOSED _____

Please make checks payable to:

Marion Pierpont Association

Send to: **Roxie Franklin, 843 NW Aurora Ave, Des Moines, IA 50313**