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**Medfield Alumni Association**

**2019-2020**

**A one-time commitment to the Medfield Alumni Association Giving Program is an opportunity to support the MHSAA and maintain the traditions and culture of Medfield High School. It is an expression of appreciation for an exceptional education and the faculty you have known.**

**Please make check payable to MHSAA. Proceeds from the MHSAA Giving Program will support alumni scholarships and other support needs of the MHSAA.**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Graduation Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Donation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ck#\_\_\_\_\_\_**

* **I would like my donation to be used for MHSAA general scholarship fund**
* **I would like my donation to be used to support the John Panciocco Memorial Scholarship**

**Please check here if you would like your name added to the MHSAA database \_\_\_**

**Email Address(s) to subscribe to our list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Mail your tax-deductible contribution to:**

**Medfield High School Alumni Association**

**88-R South St.**

**Medfield, MA 02052**

**Thank you for your support!**