



SEAMAN HIGH SCHOOL  
ALUMNI ASSOCIATION, INC.  
TOPEKA, KANSAS  
CONTRIBUTION FORM

NAME \_\_\_\_\_  
(PLEASE INCLUDE MAIDEN NAME)

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

CLASS OF \_\_\_\_\_

AMOUNT SUBMITTED FOR CONTRIBUTION \$ \_\_\_\_\_

AMOUNT SUBMITTED FOR ENDOWMENT \$ \_\_\_\_\_

**PLEASE SUBMIT ONE FORM FOR EACH ALUMNI**

**PLEASE SUBMIT SEPARATE CHECKS FOR CONTRIBUTION AND ENDOWMENT**

**PLEASE MAKE CHECK PAYABLE TO: SEAMAN HIGH SCHOOL ALUMNI ASSOCIATION**

**RETURN TO: SEAMAN HIGH SCHOOL ALUMNI ASSOC.  
c/o DEBRA MEINHOLDT, TREASURER  
1900 NW CENTRAL AVENUE  
TOPEKA, KANSAS 66608-1804**

**\*\*\*ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE PURSUANT TO 501 ( C ) 3 RULES\*\*\***