

## PINER HIGH SCHOOL FOUNDATION MEMBERSHIP FORM

Mr.  Mrs.  Ms.  Miss

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Maiden/Former Name \_\_\_\_\_

Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email: \_\_\_\_\_

I am a Piner High School Graduate. Class of \_\_\_\_\_

*We accept cash, check or money order. Please make check or money order payable to  
PHSF and send to:*

***Piner High School Foundation, 1700 Fulton Rd, Santa Rosa CA 95403***

1 year membership \$20

I am enclosing an additional TAX DEDUCTIBLE contribution of \$\_\_\_\_\_

The Piner High School Foundation is currently seeking members to serve on committees and volunteer for fundraisers. If you have a special skill or some spare time to dedicate to our organization, then check the choices below and we will contact you with potential opportunities.

I would be willing to serve on Foundation activity committees.

I would like to be called to help with Foundation activities.

*Thank you for your support.*