



Samaritan Hospital School of Nursing Alumni Association Inc

Annual Dues Payment Voucher

Annual dues (\$25) are payable by January 1 for the current membership year and should be sent to:

**Samaritan Hospital School of Nursing Alumni, Inc.
c/o St. Peter's Health Partners Center of Philanthropy
310 South Manning Blvd
Albany, New York 12208**

First Name: _____

Maiden Name: _____

Last Name: _____

Year of Graduation: _____

New Address: _____

Street Address Line One: _____

Street Address Line Two: _____

City: _____

State: _____

Zip Code _____ Email Address _____

Is this a new address? No _____ Yes _____

I would like to also make a donation to the following fund (s):

____ Welch ____ Seber ____ Mosley ____ Courtesy ____ Sheldon ____ Belknap

____ apply to a fund where most needed.