Graduating?

Thank you!

Please help us out by filling out this form and letting us know if you are graduating this year. Completed forms can be returned to Lisa Aronson by May 18.

Name:				
Birth Date:				
Graduating fron	n:			
High school	Undergrad	Masters	Other	
Name of school	:			
Degree Earned:				
Planning to atte	end:			
Branch of servi	ce/employment: _			
Degree being p	ursued/future Plan	s:		_
Fall Contact Info	ormation:			
Address:				
Email:				
We plan to cele	brate our graduate	s on June 1 st , 2014 (during our services.	
Will you be pres	sent for this celebra	ation?		
Yes	No			
	rship service on June n. Location to be dete	. •	vited to a time of fellowship with the	
Will the graduat	te be attending the	luncheon on June	1?	
Yes	No			