

Dues:

\$20 for one person or **\$30** for an RHS couple, per calendar year

Lifetime membership: \$300 for one person or **\$400** for RHS couple

☐ For ____ year(s)

☐ Dues Total: _____

Donations: (tax deductible):

☐ In Memory of: or ☐ In Honor of: _____

(Donations may be in memory of or in honor of sibling, teacher, friend, or an occasion.)

Gen. Fund: ____ Scholarship: ____ Special Scholar: ____ Wish List: ____

Donation Total: _____

Total Enclosed: _____

Make checks payable to: RHS Golden Grads

—OR—

Charge your Credit Card: ☐ Visa ☐ MasterCard ☐ Amex Card

#: _____

Expiration Date: _____

Name as it appears on card: _____

Billing Address Zip Code: _____

Signature: _____

MAIL this Form to:

**RHS Golden Grads
P. O. Box 281
Edmonds, WA 98020-0281**