

Interested in Joining the Alumni Association?

Name: _____

Surname: _____ Class: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-mail: _____

Please respond to Paulette Archer '70 at (309) 655-4132, paulette.m.archer@osfhealthcare.org, or mail your \$10 membership fee to 511 NE Greenleaf St., Peoria, Illinois 61603.