
Name

Graduating Class of _____ (Year)

From (circle): Davies
North
South
Woodrow Wilson
Central

Maiden name (if different)

Address

City ST Zip

Email

Phone

I understand my name will be provided to class members who are organizing a reunion and I will be sent advanced notice of events by email if I supply an email address.

Please provide an update on family, where you live, work, travel, hobbies, and anything else you would like to share on the back of this page. This information will be included in issues of Alumni News.

(Editor reserves the right to edit due to space restrictions).

I would like to make a tax-deductible gift so current Fargo students can receive enriched learning opportunities that would otherwise not be possible:

Gift Amount: \$ _____

Method of Payment

Check enclosed

Check can be made payable to:
FPS Foundation

Credit Card

Card number

Expiration: Month/Year

Signature



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Phone (701) 446-1041

Email: fpsfound@fargo.k12.nd.us

www.fargoschoolsfoundation.org

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