

The Friends of Old Saint Thomas
Membership Form

Print this page send the form with your payment to:

The Friends of Old Saint Thomas
P.O. Box 19
Chester Heights, PA 19017

Name: _____

Address: _____

_____ Zip: _____

Phone: _____

Email: _____

Special Interest(s): _____

Annual Membership (check one)

_____ Individual Membership (\$15)

_____ Family Membership (\$25)

Additional Contribution: \$ _____

Total Enclosed: \$ _____

Today's Date: _____