

Trinity College of Vermont  
Association of Alumni and Friends  
Contribution Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Phone: \_\_\_\_\_

Home

Work

Fax

Email: \_\_\_\_\_

Alumni Class of \_\_\_\_\_

\_\_\_\_\_ Parent \_\_\_\_\_ Friend \_\_\_\_\_ Faculty/Staff

Enclosed please find my contribution of: \$ \_\_\_\_\_

Please make check payable to:

Trinity College of Vermont Association of Alumni and Friends

Mail to:

PO Box 5186 Essex Jct., VT 05453

Any questions please email: [info@tcvt.org](mailto:info@tcvt.org)