Cotter Schools
Teresan Memento Program
Prayer Request

Please enroll _____

If CST Alumna _____
Maiden Name Class Year

Reason for enrolling _____

_____

Send card to _____
Name

_____
Address

_____
City State Zip

From _____
Name

If CST Alumna _____
Maiden Name Class Year

_____
Address

_____
City State Zip

Donation $_____ **Date** _____

Checks payable to: Cotter Schools
1115 West Broadway St.
Winona MN 55987
On-line: www.cotterschools.org/cst

☐ **Please send me more forms**

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