

Your graduation year \_\_\_\_\_

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\$ \_\_\_\_\_

Amount you wish to pledge per year  
(10 years)

\_\_\_\_\_  
Your signature

For further information contact:

Tom Turek (517) 282-1528

tomturek20032003@yahoo.com

Ken Walters (517) 402-7146

kgwalters45@gmail.com

☐ Please contact me as I wish to use  
my credit card to make a donation.

Make checks payable to:

LAINGSBURG ALUMNI LEGACY AWARD

c/o Christian Ragsdale, 403 Haley Court.

Laingsburg, MI 48848

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**LAINGSBURG ALUMNI  
LEGACY AWARD**

c/o CHRISTIAN RAGSDALE

403 HALEY COURT

LAINGSBURG, MI 48848



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WOLFPACK  
NEEDS  
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