

MEMORIAL REPORT FORM

Chapter Name:

Chapter President:

Name	Date Deceased	Class Year	City & State of Deceased	Name, Phone No. & Email of Person Reporting

Please submit this form and pictures by 2/28/2023.

Go to <u>https://carolinasalcornalumni.com/mid-winter-conference</u> to download and complete this fillable form, save as a pdf, and email to: <u>mwcmemorial2023@gmail.com</u> Subject Line: Memorial Report

Mail completed form to:

OR Alcorn State University Alumni - Carolinas Alumni Chapter, Inc. c/o MWC 2023 - Memorial Report P.O. Box 33576 Charlotte, NC 28233

Questions and concerns should be sent to <u>mwcmemorial2023@gmail.com</u>.

For Committee Use Only				
Date Received:	Initials:			