Suda E. Butler Alumni Association

Memorial Donation



I would like to donate a Memorial Membership in the memory of

Class of	Faculty		Friend
Donor Information:			
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First Name	Middle		
Last Name While Attending	Butler:		
Address			
City	State	Zip	Code
Email Address			
Class of:			
Membership \$25.00)	Add	itional Donation \$

Make your payment payable to Suda E. Butler Alumni Association and mail, with this form, to:

SEBAA PO Box 16685 Louisville, KY 40256-0685 or

