

Immaculate Conception School Alumni Contact Information

Name: _____

Graduating Last Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Year of Graduation: _____

Would you like to be on the ICS Alumni Committee?

_____ YES

_____ NO

Mail to:

Pete Shutte c/o S. Ashmore
Immaculate Conception Church
4030 Jackson Street NE
Columbia Heights, MN 55421-2929