

JOIN TODAY!

Yes! Please sign me up to be a member of the Wiggins Society! Enclosed is my gift of

\$25 \$50 \$100 other \$_____

Member Information

Name_____

Address_____

City_____State_____Zip_____

Telephone_____

Email_____

Make checks payable to:

Paul Cuffee School

To pay by credit card please complete the following information:

Type: Visa MasterCard

Account Number_____

Expiration Date_____

Signature_____

To remember Posy's birthday, the membership period is from March 17 of each year to March 16 of the following year.



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