

Memory Book

CLASS OF 1969

Even if you are unable to attend, please share your memories to be included in the memory book. We will send you a copy of the completed project following the reunion. Please return this form in the enclosed postage paid envelope by Friday, May 3 in order to be included in the memory book given out during the reunion.

Name _____
First Maiden (if applicable) Last

Spouse Name _____
First Maiden (if applicable) Last

City _____ State _____

Phone _____ Email _____

Family Information (children) _____

Education/Training/Certifications _____

Career Highlights _____

Favorite Mount Union Professor _____

Fondest Memory While a Student _____

