

We want to know more about you such as what you've been doing personally and professionally since you attended SJSU. Keep in touch with the department by filling out the form below. We would love to hear from you! (Please print clearly).

Name:			Address:				
City			State:	Zip:			
Class Year:							
Email address(es): (This will only be used for notification of major events and newsletter issues)							
Home Phone:		Work Phone:		Fa	ix:		
Share your news with us							
If you've gotten married, moved, have a new job, a new degree, a new baby, know an alum who has passed away, or have anything else to share tell us about it. Make sure to include names, dates and places when relevant. (Obituary notices must include this information). Use the back of this sheet to write more!							
I want to participate in the Annual Fund Campaign for the Occupational Therapy Department at San José State University. This will help the department continue its tradition of excellence.							
State University	. This will help the	department cont	tinue its trac	dition of ex	cellence.		
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Please make ch	ecks payable to: O	ccupational Thera	apy Departn	nent/Found	lation		
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Enclosed is the m	pany has a matching g natching gift form fron (for myself or my spo	m Human		er that gifts	of appreciat	nake a bequest. ted stock are	

If you would like to be removed from the Alumni Mailing List, please indicate that on this form and return the form in the enclosed prepaid envelope at which time we will process your request. Thank you.