

Cornelia Connelly High School Alumnae Update Form

ame:	Maiden Name:						
	Graduation Y	/ear:		Birthday:			_
	Husband Name (If Married):						_
	Children's Name/Age/Birthdays:						
ome Ao	ddress:						_
ome Ph	none:				Cell Phone:		
nail:							
mploye	er:						
sition:							
ısiness	Address:						
ısiness	Phone:			Email:			
ollege/l	Degree:						
		I would like t	to join your prof	ne password protected efectional network direct	•		-
				CIRCLE ONE			
	BABY	MAR	RIAGE	MOVING	NEW JOB	OTHER	
	Notes:						
	Notes:						

Please complete this form and return it to the CCHS Alumnae Office

Attn: M. Cheryl Anderson-Butler, Director of Alumnae Relations & Annual Giving '85

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