Alcorn State University

ALCORN NATIONAL ALUMNI ASSOCIATION
2010 Mid-Winter Conference

MEMORIAL REPORT FORM

Chapter Name:_____

Chapter President _____

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Name of Deceased	Date Deceased	Class of	Person/Reporting/Phone No.

Please submit on or before February 1, 2010
Mail to: Elnora Lee Jackson
P. O. Box 182
Como, MS 38619