



St. Robert Bellarmine Catholic School

Alumnus Graduation Year: _____

Former Parishioner

Name:

Last

First

Maiden

Address:

Street

City

State

Zip

Phone:

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I would be interested in being part of an alumni committee.

Please return this card to the church, rectory, or school, or mail to:

St. Robert Bellarmine School

Attn: Alumni

6036 W. Eastwood Ave.

Chicago, IL 60630