TOUGALOO COLLEGE	ConnectedI	nformed	IUpdated!!!
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Graduation Year:	Major:		
Profession/Employer (For Matching Gift Purposes)			
College Organizations (e.g., Fraternity/Sorority, SGA, Choir, etc.)			
Alumni Chapter (If applicable):			
Birthday: (Month/Date)			
To respond by email, send to: Doris Bridgeman, Director of Alumni Affairs at:			