

Senior Class Gift

Graduate First Name _____ Middle Initial _____ Last Name _____

Major: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Graduate Email Address: _____ Date of Birth: ____ / ____ / ____

SENIOR CLASS GIFT CONTRIBUTION

\$25 (a portion of your senior class gift is tax deductible)

Shirt Size __S __M __L __XL __2XL __3XL

Cash

Enclosed is my check payable to: **Aiken Partnership**

Please charge my card: Visa MasterCard American Express Discover

For Office Use

\$ _____
(Senior Class Gift)

\$ _____
Total Amount Due

Name on card: _____

Card number: _____

Signature _____ Exp. Date _____

Card holder phone # _____

Card holder E-mail _____

For more information contact Marissa Collins at (803) 641-3408, Alumni House, USC Aiken Office of Alumni Relations, 471 University Parkway, Aiken, SC 29801

For Office use:

Method of Payment: Check # _____ Cash \$ _____

Senior Class Gift # 1A3437 Total \$ _____ Quid Amount \$ _____ Donation Amount \$ _____

ALL QUID \$ _____

MID#: _____ Given By: _____ (Parent Mailing)