

2017 Southwestern Pharmacy Homecoming Reservation Form

Full Name _____ Grad Year _____

Preferred Mailing Address _____

City/State/ZIP _____

Preferred First Name _____ Primary Phone # _____ Secondary Phone # _____

Preferred Email Address _____

Please Submit Homecoming Information by October 25, 2017!

I will be joining you for the complimentary Breakfast Buffet (9-10AM). There will be # _____ in my party.

I will be attending the Pharmacy Alumni Recognition Ceremony (10AM). There will be # _____ in my party. Name(s): _____

I will be attending the Come & Go College of Pharmacy Open House (11:30-12:30). There will be # _____ in my party.

I know you don't expect it, but I would like to make a tax-deductible donation to offset the cost of this year's Pharmacy Homecoming events in the amount of \$_____.

I would like to make a tax-deductible gift to the Pharmacy Foundation in the amount of \$_____ for Unrestricted Use Scholarships Academic Enrichment Other, specify _____

Optional Donation for Pharmacy Homecoming Events \$ _____ **Optional** Donation for Pharmacy Foundation \$ _____ Total Donation \$ _____

Check (Enclosed, Payable to Southwestern Pharmacy Alumni Foundation)

Visa MasterCard Discover Credit Card # _____ Exp Date _____

Submit Pharmacy Homecoming Reservation information and/or Pharmacy donation with this form

to SW Pharmacy, P.O. Box 702, Weatherford, OK, 73096

or fax it to 580-774-3243 or email information to swpharmacy@swosu.edu

or call the Pharmacy Alumni Office (580-774-7197).

THANK YOU!