

APOTHECARY

Contributions and Sponsorships

INDIVIDUAL CONTRIBUTIONS

\$50.00 \$25.00 \$20.00 \$15.00 OTHER \$ _____

NAME OF CONTRIBUTOR(S) _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

E-MAIL _____ FAX _____

DATE OF GRADUATION (MONTH/YEAR) _____ FRIEND/NON-SW PHARMACY GRAD

PHARMACY/STORE PAGE SPONSOR (\$50.00)

NAME OF BUSINESS _____

OWNER/PHARMACIST _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

BUSINESS PHONE _____ FAX _____

E-MAIL _____

CHECK/MONEY ORDER MADE PAYABLE TO **APOTHECARY**

VISA MASTERCARD DISCOVER

CARD NUMBER _____ EXP DATE _____

NAME ON CARD _____ SIGNATURE _____

APOTHECARY SUGGESTIONS & COMMENTS

COMPLETE AND SEND FORM TO THE **APOTHECARY**

- By Mail: Apothecary, P.O. Box 702, Weatherford, OK 73096
Or (Credit Cards Only)
- By Phone: 580-774-3191
- By Fax: 580-774-7020
- By e-mail: swpharmacy@swosu.edu

For Apothecary questions, [contact us](#).