

SWOSU Homecoming – Pharmacy Activities
50-Year Pharmacy Class Reservation Form

Full Name _____ Grad Year _____

Preferred Mailing Address _____

City/State/ZIP _____

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

Preferred Email Address _____

I will be attending the Class of 1967 Reception & Dinner on Friday (Coordinated by Tom Aday). There will be # _____ in my party. Name(s): _____

I will be joining you for the complimentary Breakfast on Saturday (Hosted by Pharmacy Alumni Association). There will be # _____ in my party.

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

I will be attending the College of Pharmacy Open House on Saturday. There will be # _____ in my party.

I will NOT be attending any of these activities.

Please Submit Pharmacy Homecoming Information by October 11, 2017

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 donation to the 50-Year Pharmacy Class Endowed Scholarship Fund (established in 2016) in the amount of \$ _____.

And/or I would like to make a tax-deductible gift to the Pharmacy Foundation in the amount of \$ _____ for Unrestricted Use General Scholarship Fund 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).