

# Senior Celebration Brunch Tickets and Reins of Legacy **FORM**

For more information  
contact the Alumni House:

471 University Parkway  
Box 42  
Aiken, SC 29801  
803-641-3480



## **A** GRADUATE'S PERSONAL INFORMATION

First Name:  Last Name:

Major:

Address:

City, State Zip:  Date Of Birth:

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Cell Number:  Home Number:

School Email:

Permanent Email:

## **B** SENIOR CELEBRATION BRUNCH

(Graduate Ticket is free. For guests: **\$15** per adult or **\$5** for children ten and under.)

Number of: Adults: \_\_\_\_\_ Children: \_\_\_\_\_ Graduate: 1

\$ \_\_\_\_\_  
(Brunch Tickets)

## **C** REINS OF LEGACY GIVING SOCIETY

Join Reins of Legacy for \$25? Yes  No

\$ \_\_\_\_\_  
(Reins of Legacy)

Attend Induction Ceremony on April 8<sup>th</sup>? # of Guests? \_\_\_\_\_ Grad 1

\$ \_\_\_\_\_  
(TOTAL AMT DUE)

## **D** PAYMENT INFORMATION

- Cash
- Enclosed is my check payable to: **Aiken Partnership**
- Please charge my card:  Visa  Mastercard  American Express  Discover

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Card holder phone #: \_\_\_\_\_

Card holder e-mail: \_\_\_\_\_

For Office use:

Method of Payment: Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_

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

Brunch Tickets #A32179 ALL QUID \$ \_\_\_\_\_

MID#: \_\_\_\_\_ Given By: \_\_\_\_\_