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:** M M D D Y Y

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 November 12th? # of Guests:_____
Graduate: 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:_____