

NAME _____

GUEST _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

_____ I (WE) PLAN TO ATTEND THE EVENT AT THE
JULIA IDESON LIBRARY – \$145.00/PP

_____ I (WE) ARE UNABLE TO ATTEND, BUT I WOULD
TO DONATE \$_____ TO THE ALUMNI
FOUNDATION-SCHOOL OF DENTISTRY

_____ \$1,000 DONATION TO THE ALUMNI
FOUNDATION-SCHOOL OF DENTISTRY
INCLUDES TWO COMPLIMENTARY TICKETS

TOTAL \$ _____

CHARGE TO MC/VISA

CARD # _____ EXP _____

SIGNATURE _____

CHECKS PAYABLE TO: ALUMNI FOUNDATION-HDB

PAY ONLINE AT: UTDBALUMNIASSOC.ORG