

Honor with Books Fund

I/We would like to gift book(s) x \$100 per book.
Number of Book(s)
Total Gift Amount \$
In Honor Of OR In Memory Of
HONOREE NAME:
First Name:
Last Name:
GIVEN BY:
PLEASE SEND AN ACKNOWLEDGEMENT ON MY BEHALF TO THE FOLLOWING PERSON:
First Name:
Last Name:
Address:
City, State Zip:
Email:

PLEASE MAIL THIS FORM TO

Annual Giving Office PO Box 1889 Clemson, SC 29633-1889



HONOR WITH BOOKS FUND (B2354)

DATE:				21LIBHW
NAME (please print)				CU CLASS
SPOUSE				CU CLASS
ADDRESS				
CITY			STATE	ZIP
PREFERRED PHONE		OFFICE PHON	IE	
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Maker authorizes the bank issuing the VISA, MasterCard, American Express or Discover identified on this item to pay the amount shown and promises to pay the amount stated herein to such bank subject to and in accordance with the agreement governing the use of such card.