Generations

Show Your Legacy

MY DONATION

Name

Mailing Address

City/State/Zip

Home telephone Email

Billing address for credit card: *(if different from above)*

Name

Mailing Address

City/State/Zip

☐ I'd like to make a gift of $ _____

☐ My check is enclosed for $ _____
payable to Life University

☐ Please charge my Credit Card:
○ Visa ○ Discover ○ Mastercard ○ Amex

Credit Card Number

Name on Credit Card

Expiration Date Security Code

☐ I'd like to make a pledge of $_____ paid over
○ 1 year ○ 2 years ○ 3 years

Please sign and date authorizing the credit card charge

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INSCRIPTION INFORMATION

Please print your information exactly as you would like it to appear on the plate(s)

☐ First Plate
$2500 Donation

Family last name

Name of oldest D.C. family member to be recognized

Alma Mater Grad Year

SMITH
Family last name

Paul J. Smith, D.C.
Name of oldest D.C. family member to be recognized

Life University 1984
Alma Mater Grad Year

EXAMPLE

☐ Optional second plate to recognize additional family members
$500 Donation per Name

Tara Smith Jones, D.C. Jimmy D. Ford, D.C.

John H. Hart, D.C. Paul J. Smith, Jr. D.C.

Carel Black-Smith, D.C.

Suzan Smith, D.C.

The positioning of the nameplates on the *Generations* wall is at the discretion of Life University. Nameplates will be placed on the *Generations* wall when your gift is paid in full.
Gifts through this project support the construction of the William M. Harris Center for Clinical Education.

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Please fill out the reverse side of this card in its entirety and return to:

Life University
Office of University Advancement
1269 Barclay Circle
Marietta, GA 30060
OR FAX TO 770-426-2748

Questions?

Contact Greg Harris
at (770) 426-2836 or
Greg.Harris@LIFE.edu