

OMA ALUMNI ASSOCIATION
GIFT IN MEMORY OR IN HONOR OF SOMEONE SPECIAL
ROGERS STATE UNIVERSITY

Date: _____

I would like to make a contribution ☐ In Memory of OR ☐ In Honor of (Name): _____

☐ Please send notification of my gift to:

This gift is from:

Name

Name (Please Print)

Address

Address

City, State, ZIP

City, State, ZIP

Please credit my gift to:

☐ OMA GOLD Program Student Scholarship Fund ☐ OMA Alumni Association ☐ Other _____

Gift amount: _____

PAYMENT METHOD

Payment Method: ☐ Cash ☐ Check (Please make checks payable to: OMA Alumni Association)

☐ Credit/Debit Card (Circle one of the following): ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Account Number: _____ Expiration Date: _____ Security Code: _____

Signature as Issued: _____ Date: _____

**Please enclose form with payment information in the provided postage paid, return envelope.
You may also call Dr. Danette Boyle at 918-343-6888 to make a gift.**
