



Phillips University Alumni & Friends Association  
PO Box 331 \*\* Enid, OK 73702



Today's Date \_\_\_\_\_

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\*

NAME: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ GRAD YEAR: \_\_\_\_\_

PU SPOUSE: \_\_\_\_\_

DUES/ DONATION:	PAYMENT INFORMATION:
Annual Membership: Single \$35 _____	Check # _____
Couple \$50 _____	Credit Card: Name: _____
DONATION*: _____	Number: _____
TOTAL: \$ _____	Expiration Date: ____/____
	Signature: _____

**Please remember that PUAFA is a 501c3 organization and your donations are tax deductible.**

I give my permission for my information to be shared with:

Phillips University Legacy Foundation

Yes / No

Phillips Theological Seminary

Yes / No

Please do not share my information \_\_\_\_\_

\_\_\_\_\_  
Signature