

RU ALUMNI WALK OF FAME CONTRIBUTION FORM

Buyer Name(s) _____

Address _____

Telephone _____

E-mail _____ Graduation Year(s) _____

Relationship to brick recipient _____

Payment (\$150 per paver):

Check payable to *The Radford University Foundation, Inc.*

Credit card: MasterCard Visa

Acct. # _____-_____-_____-_____ Exp. Date ____/____

Signature _____

Amount enclosed: \$ _____

Please inscribe my 8" x 8" paver as follows: *Limit of 13 characters per line. Only one letter, punctuation mark, or space per box.*

Line 1

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Line 2

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Line 3

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Line 4

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You do not have to use all four lines; text will be centered on paver.

Select paver color: Red Tan

Mail form to:

Radford University Alumni Association
P.O. Box 6914
Radford, VA 24142