

Leave a Legacy, Support Scholarships

Please fill out form completely. For multiple orders, please fill out a form for each item.

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Contact number: _____

Preferred email: _____
(Proof will be sent to this address)

Select (one) Item:

Brick \$250: _____ Bench Plaque \$2,000: _____ Light Post Plaque \$1,500: _____

Select one of the options below:

A) In Honor of: _____ Date: _____

B) In Memory of: _____ Date: _____

C) Class of: _____

D) Name Only: _____ Date (optional): _____

D-1) Name Only: _____ Date (optional): _____

(Second name option for light post plaque purchases only.)

Acknowledgement Information (If applicable):

If you are purchasing a brick or plaque as a **gift** for someone, please fill out their contact information so that we can send them an acknowledgement letter.

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Contact number: _____

Please check this box if your order is a surprise gift. If not checked, the recipient will also receive an acknowledgement letter.

Payments:

This form is to be used for check payments only. Make checks payable to **TTUHSC Alumni Project Fund**. Mail check and completed form to:

Texas Tech University Health Sciences Center
Office of Alumni Relations
3601 4th Street STOP 6236
Lubbock, TX 79430