



Please complete this portion of the form and return it with your order:

ACCOUNT INFORMATION

Name \_\_\_\_\_ Customer Number (if known) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

PAYMENT

Please make your check payable to University of Maryland, or Bill to credit card:  American Express  Discover Card  MasterCard  Visa

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder Name (please print) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

SEATING

We want to personalize your experience, so please let us know how we can best accommodate you.

Desired location: *(please note we will do our best to accommodate these requests, but seating cannot be guaranteed)*

\_\_\_\_\_

Accessible seating:  Yes  No  No stairs seating:  Yes  No

OFFICE USE ONLY

Received  Processed

By \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

HOW: W P M F Order # \_\_\_\_\_ Cust # \_\_\_\_\_ Donation \_\_\_\_\_