USC SCHOOL OF PHARMACY
MAKHANI LEGACY TREE ORDER FORM

I WOULD LIKE TO SPONSOR A “LEAF(S)” IN SUPPORT OF STUDENT SCHOLARSHIPS:

☐ $500 per leaf  Total Amount $_______________

☐ Enclosed is a check  ☐ Please charge my credit card

PRINT YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON THE LEGACY TREE WALL.

NAME, DEGREE: ________________________________________________
(22 characters max including spaces)

CLASS OF: ______________________________________________________
(30 characters max including spaces)

LINE OPTIONAL: _________________________________________________
(22 characters max including spaces)

Example: Tommy Trojan, PharmD
Class of 2022
(*If “Name, Degree” exceeds max characters, you can drop the degree
down to the 2nd line and drop the Class year to the 3rd line)

CREDIT CARD PAYMENT

NAME ON CARD: _________________________________________________

CREDIT CARD #: ___________________________ EXP DATE: _____________

MAILING ADDRESS OF C/C: _______________________________________

PHONE: ___________________ EMAIL ADDRESS: ___________________

Click to GIVE ONLINE

THANK YOU FOR SUPPORTING THE USC SCHOOL OF PHARMACY
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