

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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