



## OKLAHOMA HIGHER EDUCATION HERITAGE SOCIETY MEMBERSHIP APPLICATION

Please list your name as you wish it to appear on the members' list:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_

Enclosed is my membership donation for the membership level checked below:

- |                                                                                                                                                                    |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Regent's Circle (\$1000 or more)                                                                                                          | <input type="checkbox"/> Collegiate Circle (\$100-\$249) |
| <input type="checkbox"/> Chancellor's Circle (\$500-\$999)                                                                                                         | <input type="checkbox"/> Friends Circle (\$50-\$99)      |
| <input type="checkbox"/> Academic Circle (\$250-\$499)                                                                                                             | <input type="checkbox"/> Student (\$15)                  |
| <input type="checkbox"/> Please accept my one-time donation of \$_____.                                                                                            |                                                          |
| <input type="checkbox"/> (Optional): I would like my donation to be listed in <input type="checkbox"/> honor of <input type="checkbox"/> memory of<br>(Name) _____ |                                                          |

Payment:

I have enclosed my check in the amount of \$\_\_\_\_\_.

Please charge my donation total of \$\_\_\_\_\_ to the following credit card:

Visa       Mastercard       American Express       Discover

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVV code on back of card \_\_\_\_\_ Billing zip code \_\_\_\_\_

Name \_\_\_\_\_

(as it appears on card)

*Thank you for your donation to the continuing work of the Oklahoma Higher Education Heritage Society.*

**Please mail payment to: OHEHS  
PO Box 60388  
Oklahoma City, OK 73146-0388**

**Oklahoma Higher Education Heritage Society is a 501(c)3 non-profit organization.  
All donations are tax-deductible to the extent allowed by law.**