



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 (\$1,000 or more) | <input type="checkbox"/> Collegiate Circle (\$100) |
| <input type="checkbox"/> Institutional (\$750) | <input type="checkbox"/> Friends Circle (\$50) |
| <input type="checkbox"/> Chancellor's Circle (\$500) | <input type="checkbox"/> Student (\$15) |
| <input type="checkbox"/> Academic Circle (\$250) | |
| <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
(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.**