LOGAN UNIVERSITY

COLLEGE OF CHIROPRACTIC | COLLEGE OF HEALTH SCIENCES

Name a seat in the William D. Purser, DC Center ($500)

- Print clearly using ALL CAPS
- If it applies, please initial your choice, In Honor Of or In Memory Of
- If you prefer different wording, please use the second line and print the names clearly using ALL CAPS
- Leave a space between words
- Keep a copy of this form for your records

In Honor Of _____ OR In Memory Of _____

OR

_____ _____

Signature Date

_____ _____

Daytime Contact Number Evening Contact Number

Please send original form via email to the address listed below OR fax it to 636-207-2402.
Payment may be made outright or in two installments via check or credit card.

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