



HONOR ROLL ENROLLMENT FORM

Thank you for your interest in the College of Education's Honor Roll. Please provide the requested information in the spaces below.

Donor Information:			
Name:			
Address:			
City/State/Zip:			
Telephone:			
E-mail Address:			
Check if	<input type="checkbox"/> AU Grad	Year	College/School

Honored Educator Information (for plaque/certificate)			
Name: (limit 20 characters)			
Honored by: (limit 20 characters)			
Address to send certificate, lapel pin and recognition letter:			
Address:			
City/State/Zip:			
If the honoree is an AU grad:	Year	College/School	
Has the honoree worked at AU?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Reason for Selection

Please provide three to five sentences about why you have selected this individual to honor. This information will be used in the recognition letter sent by the dean, in addition to possible inclusion on the college's website and college publications.

[Redacted area]

Method of Payment (\$500 to recognize an individual on The Honor Roll):

<input type="checkbox"/> Check	Amount	<input type="text"/>	Check No.	<input type="text"/>
<input type="checkbox"/> Credit Card	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	Exp.	<input type="text"/>
	Card Number	<input type="text"/>		
	Name on Card	<input type="text"/>		

I authorize payment through the payment method indicated above.

Signature

Date

For questions about completing this form, please call 334.844.5793

Please print, sign and return this form to:

College of Education
Office of Development
3084 Haley Center
Auburn University, AL 36849-5218
Fax 334.844.5785