

PCMD

THE OHIO STATE UNIVERSITY COLLEGE OF OPTOMETRY

CENTENNIAL CELEBRATION DINNER

FRIDAY, SEPTEMBER 5, 2014

T(O V I			
		We hope you can make it	
Name			
Address			
City	State	Zip	
Email			
Phone	Class of (year graduated)		
Please reserve tic 2014 graduate and his/her guest ca		ssilor, each student and Class of	
Total \$			
Your name, guest name(s) and entre	ée choice (Salmon: S , Beef: B , Ve	getarian: V)	
Example: Brutus Buckeye / S			

_____ 8 _____

Name on card: _____

Check payable to: **OSU** Foundation

> Please include account #309284 for the Centennial fund in the memo line

Visa	MasterCard	American Express	Discove
Account nu	mber:		
Expiration of	late:		

7 _____

Signature:

Mail check and reply card to: The Ohio State University College of Optometry, Attention: Pam Wessel, 338 West Tenth Avenue, Columbus, Ohio 43210.

For more information, contact Pam Wessel at 614-292-7097, email wessel.1@osu.edu, or visit our website at optometry.osu.edu/100.

Credit Card