

PATRON INFORMATION *Please print all information.*

Name(s) _____

Address _____

City/State/ZIP _____

Preferred Phone _____

Email _____

Name as you wish it to appear in "Friends of the Ford Center" listings

MAIL TO:

UM Box Office
P.O. Box 1848
University, MS 38677-1848



FRIENDS PAYMENT INFORMATION

- I have enclosed my check for \$ _____ payable to the **University of Mississippi Foundation.**
- Please charge my Friends of the Ford Center membership.
 - Visa MasterCard American Express

Account number _____

Exp. Date _____ CVV _____

Name as it appears on card _____

Signature _____

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