



Customer Name: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Preferred email: \_\_\_\_\_

**Check Payment:** Please make your donation check out to: University of Houston

Price: \$450.00 x Quantity: \_\_\_\_\_ = \_\_\_\_\_ + \$30(S&H) = \_\_\_\_\_  
Total

Credit Card: VISA \_\_\_\_\_ M/C \_\_\_\_\_ AMEX \_\_\_\_\_ DISC \_\_\_\_\_

CC Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Credit Card Billing Address

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ship to: \_\_\_\_\_ (If recipient is other than buyer)

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gift Card to read: \_\_\_\_\_

\_\_\_\_\_

Note: Issue numbers are assigned in chronological order. If the customer has a preference for a specific number, if available, list here: Number \_\_\_\_\_ / \_\_\_\_\_

**Fax completed form to:** 713-743-9451

**Mail form to:** 3100 Cullen Blvd, Suite 2004, Houston TX 77204-6002

Appeal Code:  
8HI07

Shipping Date - Leave Blank

Internal Item Catalog ID # \_\_\_\_\_

Number(s) Assigned: \_\_\_\_\_ / \_\_\_\_\_

Order Receipt Date: \_\_\_\_\_ Invoice Number \_\_\_\_\_ Date \_\_\_\_\_

Date Shipped: \_\_\_\_\_

Tracking Number: \_\_\_\_\_

