Tribute Opportunities

My/Our Name _____

Address _____

City _____ State _____ Zip _____ Phone ( )_____

Please check one: ☐ **GIFT RAA MEMBERSHIP** or ☐ **HONOR CARD**

Occasion _____ Honoree's Name _____

Honoree's Address_____

City _____ State _____ Zip _____

☐ **MEMORIAL CARD**:

In Memory of _____

Name and Address of Person to Notify _____

Address_____

City _____ State _____ Zip _____

My/Our check for $_____ made payable to RAND is enclosed.

Please charge my: ☐ **Visa** ☐ **Master Card** ☐ **American Express**

Name on card: _____

Card number: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Expiration Date: ____/_____ **Amount: $_____**

Signature: _____ **Date:_____**

Mail To:

RAND Alumni Association
Attn: Karen Jenkins
1776 Main Street
P.O. Box 2138
Santa Monica, CA 90407-2138