

# PAYMENT FORM

## USC VIRGINIA LICENSE PLATE

FIRST AND LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

USC SCHOOL \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

<i>ITEM</i>		<i>NUMBER</i>		<i>AMOUNT</i>	<i>TOTAL</i>
SPECIALTY LICENSE PLATE FEE (REQUIRED)	\$25	X _____	=	_____	_____
PERSONALIZED PLATE FEE	\$10	_____	=	_____	_____
				<b>GRAND TOTAL</b>	_____

### *PAYMENT*

ENCLOSED IS MY CHECK FOR \$ \_\_\_\_\_ made payable to the USC Alumni Association

PLEASE CHARGE \$ \_\_\_\_\_ to my \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please mail the License Plate Application, payment form and payment to:

Elizabeth Farr  
USC Alumni Association  
635 Childs Way  
Los Angeles, CA 90089-0461

PLEASE NOTE: All forms must be received by September 10, 2008. Requests to change or cancel must be submitted by September 17, 2008.