



HEREFORD HIGH SCHOOL ALUMNI ASSOCIATION

SPONSORSHIP ORDER FORM

Business Name:	
Individual Name:	
Address:	
City, State, Zip:	
Phone:	Cell Phone:
Fax #	
Email:	Web Address:
Graduate of Hereford High School: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", then year graduated:	
Name of Spouse:	
Graduate of Hereford High School: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", then year graduated:	
Will you mail or email photo with caption and/or poem for "I Will Remember You" Sponsorship? Will mail: <input type="checkbox"/> Yes <input type="checkbox"/> No Will email: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be sending us your company logo for this sponsorship ad or do you want us to take your company logo off your website? Take logo off my site: <input type="checkbox"/> Yes <input type="checkbox"/> No Will mail or email logo: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sponsorship Selection(s)	
<input type="checkbox"/> "I Will Remember You" Sponsorship - \$50.00	
<input type="checkbox"/> "It Don't Come Easy" Sponsorship - \$50.00	
<input type="checkbox"/> "One is the Loneliest Number" Sponsorship - \$100.00	
<input type="checkbox"/> "It Takes Two Baby" Sponsorship - \$200.00	
<input type="checkbox"/> "Three Dog Night" Sponsorship - \$300.00	
<input type="checkbox"/> "The Four Tops" Sponsorship - \$400.00	
<input type="checkbox"/> "The Dave Clark Five" Sponsorship - \$500.00	
<input type="checkbox"/> "The Supremes" Sponsorship - \$1000.00	
Total Amount	
PAYMENT METHOD: Check Credit Card Please make your check payable to: HHS Alumni Association Please mail or fax this form to: 1108 Oakridge Drive, Euless, TX 76040; Fax 817-868-0796 Reunion Contact: HHS Alumni Association 1108 Oakridge Drive, Euless, Texas 76040 817-267-2608 Fax 817-868-0796 email: info@herefordalumni.com website: www.herefordalumni.com	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Check By Fax</div>  	

HEREFORD HIGH SCHOOL ALUMNI ASSOCIATION

Credit Card Authorization Form

**Mail this completed form to
HHS Alumni Association
1108 Oakridge Dr.
Euless, TX 76040
or fax to (817) 868-0796**



Circle One

Cardholder's Name _____
(as it appears on card)

Billing Address _____
(as it appears on statement)

Card No. _____
(13 or 16 Digits)

Exp. Date _____
(mm/yyyy)

CVV2 _____
(This is the last 3 digits on the back of the card for Visa / Mastercard)

I hereby authorize HHS Alumni Association to charge my
credit card in the amount of: USD\$ _____

Cardholder Signature: _____

Today's Date: _____

HEREFORD HIGH SCHOOL ALUMNI ASSOCIATION

Bank Draft Payment Authorization Form
Fax#: 1 (817) 868-0796

Please Print Legibly

Name		
Street Address		
City	State	Zip Code
E-mail Address	Home Phone ()	Office Phone ()
Shipping Address (if different)		
City	State	Zip Code

I authorize Hereford High School Alumni Association (HHS Alumni Association) to start a bank draft payment in the amount shown below to pay for my order. I have read and agree to the following terms:

1. Hereford High School Alumni Association (HHS Alumni Association) will present this check against my bank account to pay for my order. I will provide the check number at the time of purchase.
2. In the event this payment is returned for any reason, or in the event payment is stopped on this check, HHS Alumni Association may refuse to accept any further orders until payment on such check is received. Note: a \$25.00 processing fee will be charged on all returned checks.

X _____ Date _____
Account Holder's Signature (must match signature on file with your financial institution)

Please fill out and attach a check, including the amount, for the bank account your are using to pay for your order.

<p>FILL OUT AND ATTACH CHECK HERE</p> <p>Please write the routing number and account number below the check in case of poor transmission of fax.</p> <p>Fax#: 1 (817) 868-0796</p>
