

M | DENTAL HYGIENE

Centennial Celebration Luncheon

Saturday, August 20, 2022

\$35.00 X _____ = _____

*Include my name on the online guest list
so my classmates know I am coming!*

Alumnus/ae

Name (for name badge)

Class Year | Degree

Billing Information *(See other side)*

Spouse or Guest

Name (for name badge)

Guest Class Year | Degree (OPTIONAL)

Deadline July 26, 2022

Billing Information

Name

Address

City, State, Zip

Email Address

Return this form to:

Gretchen Hannah
Office of Alumni Relations and Development
1011 North University Avenue, Suite 1420
Ann Arbor, MI 48109

OR

via fax at 734.615.6285

Check Enclosed – Make checks payable to the University of Michigan

Credit Card

Check one:

- Visa
 MasterCard
 Discover
 American Express

Credit Card Number

Expiration Date CCV Code

Signature (required)