

PLEASE RSVP BY APRIL 12TH. PAYMENT MUST ACCOMPANY RESERVATION—SPACE IS LIMITED.

I have enclosed payment of \$_____ (\$40 per person) for the Saturday evening events

Name(s) of dinner attendee(s) with year(s) of graduation and e-mail addresses of alumni—guests welcome!

----- Grad year _____ e-mail _____

----- Grad year _____ e-mail _____

I have enclosed payment of \$_____ (\$10 per person) for the bus tour

I/We wish to make a contribution to the STAR Scholarship Fund of \$_____

Name(s) of donor(s) _____

Total payment: \$ _____ Method of payment: Visa ___ MasterCard ___ Check enclosed ___
(Payable to UWM Foundation/
Credit card # _____ Expiration date: _____ SARUP)

Cardholder's name _____ Signature _____

Address _____

City _____ State _____ Zip/Postal Code _____ Country if not USA _____

Questions: Call or e-mail Davey at (414) 229-4016 <dsinger@uwm.edu>

MAIL REGISTRATION FORM AND CHECK OR CREDIT CARD INFORMATION TO :

Davey Singer, c/o UWM/SARUP, PO Box 413, Milwaukee, WI 53201-0413