

**Veterinary Medical Alumni Association
Class Five-Year Reunion Photograph Order Form**

Your class year? _____

Indicate which photograph you would like to order by marking the appropriate box(es) below.

Class Members Only? **Class Members & Spouses?** **One of Each?**

The cost for an 8" x 10" photo is \$15.00 each. This covers the cost of the prints and postage. You may receive an electronic copy at no cost to you.

Please select the format you prefer by marking the appropriate box below.

Hard copy **Electronically** **E-mail:** _____

Please make checks payable to KSU DCM (Department of Communications & Marketing) –

Total amount enclosed: \$ _____

If you choose to pay by credit card, please fill out the appropriate information below, printing clearly.

Credit Card (circle one)

Visa

American Express

Master Card

Discover

Credit Card Number: _____ Exp. Date _____

Name as it appears on credit card: _____ Signature: _____

Please print your mailing address clearly below:

Name: _____

Street Address: _____

Hm. Phone: _____ Wk. Phone: _____

E-Mail Address: _____ Cell Phone: _____

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