Lincoln University
Collegiate License Plate
Request Form

Please print or type all information requested.

Name: _____ _____ _____
First **MI** **Last**

Address: _____ **Apt**_____

City:_____, **MISSOURI** **ZIP Code:** _____

Day Telephone: ( )_____ - _____

Check the category that best describes your affiliation with Lincoln University:

☐ **Alumni** ☐ **Student** ☐ **Faculty** ☐ **Staff** ☐ **Friend** ☐ **Other**_____

Note: If you are registering your car on a biennial basis, you should double your donation ($50) in order to cover both years of your vehicle registration.

I am requesting a ***Lincoln University Collegiate License Plate*** for (check one):
☐ 1 year ☐ 2 years

Please accept my tax-deductible donation of:
☐ $25 for 1(one) year ☐ $50 for 2(two) years

Check One:
☐ Enclosed is a check/money order
Payable to: Lincoln University Foundation
Memo: LU Collegiate Plate

☐ Please bill to the following credit card (Circle one):
MasterCard VISA American Express Discover

Card Number:

_____

Card Holder's Name (Print name as it appears on card):

_____

Expiration Date:

_____/_____

Card Holder's Signature:

_____

Mail this form, along with your payment to:

Lincoln University Foundation
B2 Young Hall
820 Chestnut
Jefferson City, Missouri 65102-0029

Lincoln University: Founded by the 62nd and 65th Colored Infantries