



**I wish to purchase an
ASU Commemorative License Plate with my \$25.00 payment**
(An additional \$25.00 Specialty Tag fee is due at your local DMV office at time of renewal)

Name _____

Address _____

County _____

Telephone () _____

Email _____

PREFERRED PAYMENT OPTIONS

- Cash
- Check: Please make payable to the Augusta State University Foundation
- Credit Card: VISA Mastercard American Express

Account # _____

Expiration date _____

Signature _____

ASU Office of Development and Alumni Relations, 2500 Walton Way, Augusta, GA 30904-2200