

 \bigcirc Discover

The following information must be accurately completed and received with your ring before your repair can be processed.

Mail this form and your payment to:

If using USPS:
The Citadel Alumni Association
Attention: Citadel Ring Office
171 Moultrie Street
Charleston, SC 29409-0001

If using UPS/FedEx: The Citadel Alumni Association Attention: Citadel Ring Office 69 Hagood Avenue Charleston, SC 29403

RING RESIZE/REMAKE FO	RI	V
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For Office Use:	
Eligible: N Y	CID:
Processed by:	Date Processed://
Payment Type:	CK # or CC Type:
Payment Amt:	Payment Date:/
Delivered by:	Delivered Date://

Phone: (843) 9	53-/696 Phone: (843) 953-/696	penrered butc
Section 1: Personal Information		
Full Name as it appears on your transcript / diploma: Street Address for Citadel Ring Shipment/Credit Card Billing (No P.O. Boxes):		E-mail address:
		Phone: (daytime) (mobile) Receive Text Updates About Your Repair?
CitySt	ateZip	Class Year:
Section 2: Type of Repair Needed Clean and Polish Resize Smaller - Size Resize Larger - Size Reantique Remake - Size Re - Engrave Section 3: Citadel Ring Certification Ring WILL NOT be ordered without a signature.	—— (Half and whole sizes only) —— (Half and whole sizes only)	Engraving: Engraving changes are included with any resize if you desire it. Current engraving will not be altered when resizing. Text to engrave is required for remakes -current engraving will not be automatically re-engraved. Line 1: (Max 21 Characters including spaces) Line 2: (Max 21 Characters Male Ring, 16 Characters Female Ring) Line 3: (Max 12 Characters Male Ring, 10 Characters Female Ring)
Section 4: Pricing (All Prices in U.S. Do	llars)	Date:
Included is a payment in the following amo	ount for my Citadel Ring Repair: O Ring	Resize, Reantique or Re-engrave: \$30
Section 5: Method of Payment		Credit Card Number: Expiration Date:
○Charge the full amount due to my:	○ Check or Money Order Enclosed (Payable to CAA)	
○ VISA ○ MasterCard ○ American Express		Name on Card: CVN #:

Signature: _