

SWOSU FOUNDATION, INC.
Student Organization Signature Card

ORGANIZATION: _____

FACULTY SPONSOR: _____

The following person(s) are authorized to make deposits/withdraws to/from our SWOSU Foundation, Inc. organizational fund (#_____) for the _____ school year.

Signed: _____ Date: _____

NAME: _____

SIGNATURE: _____

POSITION: _____

NAME: _____

SIGNATURE: _____

POSITION: _____

NAME: _____

SIGNATURE: _____

POSITION: _____

NAME: _____

SIGNATURE: _____

POSITION: _____

NAME: _____

SIGNATURE: _____

POSITION: _____