



Printable Gift Form

Name: _____

Address: _____

Home phone: _____ Birthday ____/____/____

Business phone: _____

Business address: _____

E-mail address: _____

Class year: _____ Major: _____

Spouse's name: _____

FUND: Please check one: The W Fund
 Other - Please specify fund name _____

Amount: \$ _____

My gift will be matched by my/ spouse's employer. Employer name: _____

GIVING OPTIONS:

- **CREDIT CARD (please check one):** Mastercard Visa AmEx Discover
Card number: _____ Security Code _____
Expiration date: _____ Signature _____
- **CHECK :** Enclosed is my check for made payable to MUW Foundation
- **PLEDGE:** Please accept my pledge for the above gift.
- **BANK DRAFT:** Please contact me about a monthly bank draft option.

All gifts are tax deductible, as allowed by law.

This gift is in **honor** or **memory** (check applicable box) of: _____

Please send acknowledgement to: NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

E-MAIL _____

Send this completed form, with check, if applicable, to:

MUW Foundation
1100 College Street – MUW 1618
Columbus, MS 39701-5800
(662) 329-7148