

## 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 Beulah Culbertson  
Archives &  
Special Collections  
 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