

Southwestern Pharmacy Donation Form

Full Name _____ Grad Year _____
 Preferred Mailing Address _____
 City/State/ZIP _____
 Telephone # Home _____ Cell Phone _____ Business Phone _____
 Preferred Email _____

Enclosed is my gift to the Southwestern Pharmacy Alumni Foundation to support the SWOSU College of Pharmacy for

- Academic Enrichment Fund
- General Unrestricted Fund
- Other (Please Specify) _____
- Scholarship Fund
- H.F. Timmons Endowed Fund
- Southwestern Pharmacy & History Fund
- Other Endowed Positions (Chair/Professorship/Lectureship)

My gift of (please give to the level you are capable of giving)

(All Contributions are Tax Deductible as Permitted by Law)

- | | | | | | |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$1,500 | <input type="checkbox"/> \$1,000 |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$75,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$750 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$100 |

I want to

You have my permission to publicize my gift. Yes No

make a one-time gift this year.

Or

make a pledge in the total amount of \$ _____ over the next _____ years.

I am enclosing the first installment in the amount of \$ _____.

Please notify me for the pledge payments starting _____ (month/year). Please send a reminder: monthly quarterly semi-annually annually.

I will pay in the following way

Check (Enclosed, Payable to Southwestern Pharmacy Alumni Foundation)

Credit Card Visa MasterCard Discover # _____ Exp Date _____

My employer will match my gift. The matching gift form from (company) _____ is enclosed will be sent later.

I am interested in

- Establishing a Scholarship
- Giving Stocks
- Contributing Gifts-In-Kind
- Planned Giving Opportunities
- Other (please specify) _____

I have remembered the College of Pharmacy by including Southwestern Pharmacy Alumni Foundation in my Planned Giving.

THANK YOU FOR YOUR SUPPORT!