

Southwestern Pharmacy Giving Form

Full Name _____ Grad Year _____
 Preferred Name _____ Preferred Mailing Address _____
 City/State/ZIP _____ Note: This is my home mailing address business mailing address
 Preferred Email Address _____ Preferred Telephone Number _____

ENCLOSED IS MY GIFT TO THE SOUTHWESTERN PHARMACY ALUMNI FOUNDATION TO SUPPORT THE SWOSU COLLEGE OF PHARMACY.

Please apply my Gift to the selected Fund below:

Primary Priorities

- Scholarship Fund
- Student Enrichment Fund

Secondary Priorities

- Academic Enrichment Fund
- General Unrestricted Fund

Other (Please Specify) _____

Please contact me; I am interested in:

- Establishing a Scholarship
- Giving Stocks
- Other (please specify) _____

All Contributions are Tax Deductible as Permitted by Law.

I WANT TO

↓

give with a **One-Time Gift** this year in the amount of \$ _____.

↓

or

give with a **Pledge Gift** in the total amount of \$ _____ over the next ____ years. (Example: \$6,000 total gift over 5 years = \$1,200 per year which could be \$100/month;\$300/quarter;\$600/semi-annual;\$1200/year)

I am providing the 1st pledge installment in the amount of \$ _____ via **Check**. Please notify me to pay the future pledge payments starting _____ (month/year): monthly quarterly semi-annually annually.

I am providing the 1st pledge installment in the amount of \$ _____ via **Debit/Credit Card**. I have provided my Credit/Debit Card information below.

and I want to make future pledge payments via **Automated Giving** with my Credit/Debit Card: monthly quarterly semi-annually annually (Example: \$100/month = \$1,200/year)

↓

or

give with **Automated Recurring Giving** in the amount of \$ _____ per month quarter via **Credit/Debit Card**. I have provided my Credit/Debit Card information below. Please contact me each year (12 months) to renew.

↓

I WILL DONATE IN THE FOLLOWING WAY:

Check (Enclosed, Payable to Southwestern Pharmacy Alumni Foundation)

Credit/Debit Card Visa MasterCard Discover # _____

Expiration Date _____

Office Use _____

BONUS My employer will match my gift. The matching gift form from (company) _____

is enclosed will be sent later.

Please do not publicize my gift.

ALSO, I HAVE REMEMBERED THE COLLEGE OF PHARMACY BY INCLUDING SOUTHWESTERN PHARMACY ALUMNI FOUNDATION IN MY PLANNED GIVING.

*Consider
Auto Giving
Options*

G
I
V
I
N
G

→ →

→ →

THANK YOU FOR YOUR SUPPORT!