

Southwestern Pharmacy Donation Gift Form – Every One, Every Year

Full Name _____ Preferred Name _____
 Preferred Mailing Address _____
 City/State/ZIP _____
 Preferred Telephone Number _____ Grad Year _____
 Preferred Email Address _____

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

- | | |
|--|---|
| <input type="checkbox"/> General Unrestricted Fund | <input type="checkbox"/> Academic Enrichment Fund |
| <input type="checkbox"/> Scholarship Fund | <input type="checkbox"/> Student Enrichment Fund |
| <input type="checkbox"/> Specific Scholarship Fund (please identify) _____ | <input type="checkbox"/> Other (Please Specify) _____ |

All Contributions are
Tax Deductible as Permitted by Law

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

- | | | | | | | |
|----------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|--------------------------------------|--|
| <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 | |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$15,000 | <input type="checkbox"/> \$25,000* | <input type="checkbox"/> Other _____ | |

I want to

make a one-time gift this year.

Or

make a pledge in the total amount of \$ _____ over the next _____ years. Please sign me up for Automatic Billing using my credit/debit card.

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

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

You have my permission to publicize my gift. Yes No

I will pay in the following way

- | | |
|--|------------------------|
| <input type="checkbox"/> Check (Enclosed, Payable to Southwestern Pharmacy Alumni Foundation) | |
| <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover | # _____ Exp Date _____ |

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

Please contact me; I am interested in...

- Establishing an Endowed Scholarship* Leaving a Charitable Bequest Contributing Gifts-In-Kind Giving Stocks 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!