

**PHARMACY FOUNDATION**  
**Gift Contribution**

CASH GIFT     PLEDGE     MEMORIAL GIFT     TRIBUTE GIFT     CORPORATE MATCHING

FIRST/MIDDLE/MAIDEN/LAST NAME _____	
MAILING ADDRESS _____	
CITY/STATE/ZIP CODE _____	
HOME PHONE _____	BUSINESS PHONE _____
E-MAIL _____	FAX _____
DATE OF GRADUATION (MONTH/YEAR) _____ <input type="checkbox"/> FRIEND/NON-SW PHARMACY GRAD	

**Cash Gift**

\$25     \$50     \$100     \$250     \$500     \$1,000     Other \$ \_\_\_\_\_

UNRESTRICTED

RESTRICTED (Please Specify Designation) \_\_\_\_\_

**Pledge**

\$100     \$250     \$500     \$1,000     Other \$ \_\_\_\_\_

Annual     Semi-Annual     Quarterly  
(Minimum \$25/Quarter)     Monthly  
(Minimum \$25/Month)

**Memorial**

Gift Made by (Contributor's Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

  

Full Name of Deceased (Please Print) \_\_\_\_\_

\$Amount of Gift \_\_\_\_\_

  

Please Send Notice of this Gift to:

Name of Family of Deceased \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

### Tribute

Gift Made by (Contributor's Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Gift Amount \$ \_\_\_\_\_

For (name special event) \_\_\_\_\_

Please Send Notice of this Gift to:

Name of Honored Individual \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

### Corporate Matching Gifts

- Obtain a matching gift form from your company's human resource department, complete your portion and send the form along with your gift.
- If you have already donated this year, you can still submit a matching gift form as most companies honor matching gift requests if made within a reasonable time of the donation.
- If your company does not have a matching gift program, please consider establishing one.

CHECK/MONEY ORDER      MADE PAYABLE TO  
**SOUTHWESTERN PHARMACY ALUMNI FOUNDATION, INC.**

VISA     MASTERCARD     DISCOVER

CARD NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_ SIGNATURE \_\_\_\_\_

COMPLETE AND SEND FORM TO **SOUTHWESTERN PHARMACY ALUMNI FOUNDATION**

- By Mail: Southwestern Pharmacy Alumni Foundation, P.O. Box 702, Weatherford, OK 73096  
Or (Credit Cards Only)
- By Phone: 580-774-3191
- By Fax: 580-774-7020
- By e-mail: [swpharmacy@swosu.edu](mailto:swpharmacy@swosu.edu)

For Foundation Contribution questions, [contact us](#).