

Name _____

Address _____

City/State/ZIP _____

Preferred Phone Number _____

Preferred Email _____

I want to make a one-time gift this year. \$1000 \$500 \$250 \$100 \$5,000 \$10,000 \$25,000 Other: _____

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

Gifts of any size are most welcome.

Please use my gift for:

- General Unrestricted Fund (area of greatest need)
- Scholarship Fund
- Academic Enrichment Fund
- Southwestern Pharmacy & History Fund
- Endowment Chairs/Professorships/Lectureships
- H. David Bergman Scholarship Fund
- Other (please specify) _____

I am interested in the following:

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

Call me at _____

Payment Options:

Check Enclosed (payable to Southwestern Pharmacy Alumni Foundation)

Credit Card VISA MC DISC AUTO PLEDGE RENEWAL

Card # _____ Exp. _____

Signature _____

My company's matching gift form is enclosed.

You have my permission to publicize my gift. Yes No

ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE AS PERMITTED BY LAW



Southwestern Pharmacy, Annual Campaign,
PO Box 702, Weatherford, OK 73096



Thank you for your contribution to the Annual Campaign!