



PRINTABLE GIFT FORM

All gifts are tax deductible as allowed by law.

NAME _____ PHONE _____

ADDRESS _____ EMAIL _____

CITY / STATE / ZIP CODE _____ SPOUSE'S NAME (if applicable) _____

CLASS YEAR (if applicable) _____ MAJOR (if applicable) _____

Amount: \$ _____

Designation: **The W Fund** or **Other Designated Fund:** _____

My gift will be matched by my/my spouse's employer. Employer: _____

GIVING OPTIONS:

- **CREDIT CARD:** Mastercard American Express Discover Visa

CARD NUMBER _____ SECURITY CODE _____

EXPIRATION DATE _____ SIGNATURE _____

- **CHECK:** Enclosed is my check made payable to the MUW Foundation.
- **PLEDGE:** Please accept my pledge for the above gift.
- **BANK DRAFT:** Please contact me about a monthly bank draft option.

This gift is in honor of or in memory of _____ . Please send acknowledgement to:

NAME _____ RELATION _____

ADDRESS _____ CITY / STATE / ZIP CODE _____

Mail to: MUW Foundation
1100 College Street, MUW-1618
Columbus, MS 39701

Telephone: 662-329-7148
Email: giving@muw.edu