



## Printable Gift Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

My gift will be matched by my/my spouse's employer

E-mail address: \_\_\_\_\_

Class Year: \_\_\_\_\_

Major: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

**FUND. Please check one:**  **MUW Annual Fund**

**Other. Please specify fund name** \_\_\_\_\_

### GIVING OPTIONS.

**CREDIT CARD (please check one):**  **Mastercard**     **Visa**    **Amount: \$** \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**CHECK. Enclosed is my check for \$** \_\_\_\_\_ **made payable to the MUW Foundation.**

*All gifts are tax deductible, as allowed by law*

I am making this gift in honor of: \_\_\_\_\_

I am making this gift in memory of: \_\_\_\_\_

Name and address of person to be notified: \_\_\_\_\_  
 \_\_\_\_\_

Send this completed form, with check, if applicable, to:

MUW Foundation  
1100 College Street—MUW 1618  
Columbus, MS 39701-5800