

Printable Gift Form

Name:		_
Address:		_
Home phone:	Birthday//	
Business phone:		_
Business address:		_
E-mail address:		_
Class year:	_Major:	
Spouse's name:		
FUND: Please check one:		Southern Women's Institute - Center for Women's Research & Public Policy
	Amount: \$	
[] My gift will be matched	by my/ spouse's employer. Employer r	name:
GIVING OPTIONS:		
• CREDIT CARD (please	check one): [] Mastercard [] Visa] AmEx [] Discover
Card number:		Security Code
Expiration date:	Signature	
• CHECK : Enclosed is m	ny check for made payable to MUW Fou	ndation
• PLEDGE: Please accept	ot my pledge for the above gift.	
BANK DRAFT: Please contact me about a monthly bank draft option.		
All gifts are tax deductible, as allowed by law.		
This gift is in [] honor or [] memory (check applicable box) of:	
Please send acknowledgen	nent to: NAME	
STREET ADDRESS		
CITY, STATE, ZIP CODE		
	E-MAIL	

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

MUW Foundation 1100 College Street – MUW 1618 Columbus, MS 39701-5800 (662) 329-7148