



DONOR PROFILE: (Donor names will be automatically recognized in the Annual Honor Roll of Donors unless indicated).

I do not want my name published in the Annual Honor Roll of Donors and wish to be anonymous

FIRST NAME: _____ M.I. : _____ LAST NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

W# _____ AFFILIATION : FACULTY STAFF ALUMNUS(A) YEAR(S) _____
Check all that apply

PLEASE DESIGNATE MY GIFT TO:

**Transforming the
Future Fund:**

Unrestricted support to
help overall campus and
student endeavors

**General Scholarship
Fund:**

Provides funds that help
assist students achieve
their educational goals

OTHER

Please list the department
or fund account

GIFT INFORMATION: PLEASE CHOOSE FROM ONE OF THE BELOW OPTIONS

OPTION 1: CHECK (check payable to WNMU Foundation is enclosed)

One-time check payment of \$ _____

OPTION 2: PAYROLL DEDUCTIONS

Recurring Gift– Specific amount given repeatedly from each paycheck: \$ _____ per paycheck
Continues until Employee requests a revision or stops deductions

Pledge– fixed total amount given over a stated number of installments:
\$ _____ x _____ paycheck(s) = total gift of \$ _____
(Example: \$25 x 10 paychecks= total gift of \$250)

Signature Required _____ **Date:** ____/____/____

OPTION 3: CREDIT CARD

One-time credit card payment of \$ _____

Recurring Gift– Specific amount charged to your credit card each month in the amount of \$ _____
Continues until Employee requests a revision or stops payments

Pledge– fixed total amount charged over a stated number of installments:
\$ _____ x _____ month(s) = total gift of \$ _____

(Circle One) Visa Mastercard Discover American Express

Card Number: _____ **Exp. Date:** ____/____ **CVV #** _____

Signature Required _____ **Date:** ____/____/____