

THANK YOU FOR MAKING A DIFFERENCE AT WEST VIRGINIA UNIVERSITY

Please complete this form and send it with your gift to:
WVU Foundation - P.O. Box 1650 - Morgantown, WV 26507-1650

Name: _____
(Please type or print)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

If WVU Graduate, Year of Graduation: _____ If WVU Employee, WVU ID: _____
(optional)

I would like to make a gift of: \$ _____

Please designate my gift to the following area(s):

- _____
(College, campus, or program)
- Augusta Scholarship (General scholarship fund)
- The Fund for WVU
- West Virginia University's Greatest Need

This is a pledge payment

I will arrange for my employer to match my gift
(Visit www.wvuf.org/matching for more information)

Gift Payment Information: (Check any that apply)

- Check enclosed (Payable to WVU Foundation)
- Bill my credit card
- Make credit card gift recurring, end date: _____
(charges occur on the 10th of each month)

(Name as it appears on card)

(Signature for credit card authorization)

Card Type: American Express Diner's Club
 Discover Mastercard Visa

(Card number)

(Expiration date)


One Waterfront Place
Seventh Floor
P.O. Box 1650
Morgantown, WV 26507-1650
877-791-4344

I would like to make a tribute gift:

In honor of _____
(Full name)

In memory of _____
(Full name)

Please notify the individual/family of my/our tribute gift.
(monetary value of gift remains confidential)

Full Name: _____

Address: _____

City: _____

State: _____ Zip: _____

I would like information about including WVU in my estate plan.

Additional Comments: