



GIFT FORM

(Please Print)

Donor Name

Prefix: _____ First: _____ MI: _____ Last: _____

Suffix: _____ Maiden: _____ WSU Class Year: _____

Name of organization: _____

Name(s) as it should appear for recognition purposes: _____ Additional name is my spouse/partner.

Home Address

City

State

Primary Phone

Cell Home Business

e-mail Address

Employer

Title

Business Address

Phone

City

State

Zip Code

Gift Designation (name of fund and fund number)

Total Gift Amount

Your gift can be doubled when your company matches your gift. Please visit your Human Resources department for details. My employer's matching gift form is enclosed.

Enclosed is my check made payable to WSU Foundation.

Payment Method

Please charge \$ _____ to my MasterCard/VISA/Discover.

Card# _____ Exp. Date _____

Cardholder's Name (please print) _____

Cardholder's Signature _____ Date _____

Donor signature

Date

To ensure data security, please share your birth date

Month Day Year

Please return this form to

Wright State University
Office of Development
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
Fax: (937) 775-2736

Please check if you

- wish for your gift to remain anonymous.
- would like more information on transferring securities and/or including WSU in your estate.

For more information please contact: WSU Office of Development, (800) 535-0688 or (937) 775-2251

Thank you for your thoughtful contribution to Wright State University!