

# Southwestern Pharmacy Donation Gift Form

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Preferred Telephone Number \_\_\_\_\_ Grad Year \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

**Enclosed is my gift to the Southwestern Pharmacy Alumni Foundation to support the SWOSU College of Pharmacy**

- Academic Enrichment Fund
- General Unrestricted Fund
- Other (Please Specify) \_\_\_\_\_
- Scholarship Fund
- Student Enrichment Fund

All Contributions are  
Tax Deductible as Permitted by Law

- My gift of:**
- \$500
  - \$1,000
  - \$250
  - \$750
  - \$2,500
  - \$100
  - \$5,000
  - \$10,000
  - \$15,000
  - \$25,000
  - Other \_\_\_\_\_

**I want to**  make a **one-time** gift this year. **You have my permission to publicize my gift.**  Yes  No

Or

make a **pledge** in the total amount of \$ \_\_\_\_\_ over the next \_\_\_\_\_ years.  Please sign me up for Automatic Billing using my credit/debit card.

1. I am enclosing the first installment in the amount of \$ \_\_\_\_\_.

2. Please notify me for the pledge payments starting \_\_\_\_\_ (month/year). Please send a reminder:  quarterly  semi-annually  annually.

**I will pay in the following way**

- Check (Enclosed, Payable to Southwestern Pharmacy Alumni Foundation)
- Credit Card  Visa  MasterCard  Discover # \_\_\_\_\_ Exp Date \_\_\_\_\_

My employer will match my gift. The matching gift form from (company) \_\_\_\_\_  is enclosed  will be sent later.

**Please contact me; I am interested in...**

- Establishing a Scholarship\*
- Giving Stocks
- Contributing Gifts-In-Kind
- Leaving a Charitable Bequest
- Other (please specify) \_\_\_\_\_

I have remembered the College of Pharmacy by including Southwestern Pharmacy Alumni Foundation in my Planned Giving.

## THANK YOU FOR YOUR SUPPORT!