

Southwestern Pharmacy Giving Form

Give Online → www.southwesternpharmacy.com ← Give Online

Full Name _____ Grad Year _____

Preferred Name _____ Preferred Mailing Address _____

City/State/ZIP _____ Note: This is my home mailing address business mailing address

Preferred Email Address _____ Preferred Telephone Number _____

ENCLOSED IS MY GIFT TO THE SOUTHWESTERN PHARMACY ALUMNI FOUNDATION TO SUPPORT THE SWOSU COLLEGE OF PHARMACY.

Please apply my Gift to the selected Fund below:

- General Unrestricted Fund (support where the need or opportunity is greatest at any given time)
- Academic Enrichment Fund Student Enrichment Fund
- Scholarship Fund Other (Please Specify) _____

Please contact me; I am interested in:

- Establishing a Scholarship
- Giving Stocks

All Contributions are Tax Deductible as Permitted by Law.

I WANT TO

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give with a **One-Time Gift** this year in the amount of \$ _____.

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or

give with a **Pledge Gift** in the total amount of \$ _____ over the next ____ years. (Example: \$3,000 total gift over 5 years = \$600 per year which could be \$50/month; \$150/quarter; \$300/semi-annual; \$600/year)

I am providing the 1st pledge installment in the amount of \$ _____ via **Check**. Please notify me to pay the future pledge payments starting _____ (month/year): monthly quarterly semi-annually annually.

I am providing the 1st pledge installment in the amount of \$ _____ via **Debit/Credit Card**. I have provided my Credit/Debit Card information below.
and I want to make future pledge payments via **Automated Giving** with my Credit/Debit Card: monthly quarterly semi-annually annually (Example: \$50/month = \$600/year)

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or

give with **Automated Recurring Giving** in the amount of \$ _____ per month quarter semi-annual annual via **Credit/Debit Card**. I have provided my Credit/Debit Card information below.

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I WILL DONATE IN THE FOLLOWING WAY:

Check (Enclosed, Payable to Southwestern Pharmacy Alumni Foundation)

Credit/Debit Card Visa MasterCard Discover # _____

Expiration Date _____

Office Use _____

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

Please do not publicize my gift.

ALSO, I HAVE REMEMBERED THE COLLEGE OF PHARMACY BY INCLUDING SOUTHWESTERN PHARMACY ALUMNI FOUNDATION IN MY PLANNED GIVING.

Consider
**Auto Giving
Options**

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THANK YOU FOR YOUR SUPPORT!