

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)

Enclosed is my gift to support:

- _____
(College, campus, or program)
- WVU General Scholarship Fund
- WVU's Greatest Need
- This is an installment on my outstanding pledge.

Payment details: (Check any that apply)

- \$ _____ check (payable to WVU Foundation)
- \$ _____ one time credit card charge
- \$ _____ monthly recurring credit card charge

Begin date: _____ 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 Visa
 Discover MasterCard

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(Card number)

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(Expiration date)

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

Additional comments:



One Waterfront Place
Seventh Floor
P.O. Box 1650
Morgantown, WV 26507-1650
877-791-4344 (toll free)
304-284-4095 (direct)