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I have enclosed a matching gift from my employer or my spouse's employer.

Please send information about joining the Founders Societies.

Please send this form along with your gift to:

WMU Foundation
1903 W Michigan Ave
Kalamazoo, MI 49008-5403

Questions? Contact (269) 387-8700 or help@mywmu.com

AREA(S) TO SUPPORT:

\$ _____ Area of Greatest Need (Unrestricted Fund)

\$ _____ Student Scholarships

\$ _____ College: _____

\$ _____ Department: _____

\$ _____ Other: _____

GIFT INFORMATION:

My one time gift of \$ _____ is enclosed.

I/we pledge a total of \$ _____.

The first monthly quarterly annual
payment of \$ _____ is enclosed.

Process credit card installments on the 1st
 15th of each month: monthly quarterly
 annually.

GIFT PAYMENT OPTIONS

Check payable to the WMU Foundation enclosed

Please send instructions to authorize an Electronic
Funds Transfer (EFT)

Credit Card (provide information below)

Card # _____ Expires: _____

VISA MasterCard Discover CVV: _____

Billing Name & Address (if different than preferred)

Signature (required)

Date