

WVSOM FOUNDATION Annual Gift Form

Name: _____ Class year (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Email: _____

GIFT AMOUNT

\$5,000 \$2,500 \$1,000 Other \$ _____

President's Innovation Fund: \$ _____ Other: \$ _____

General Scholarship Fund: \$ _____

Student Emergency Fund: \$ _____ **TOTAL:** \$ _____

PAYMENT OPTIONS

Cash or check: \$ _____ is enclosed. *Please make check payable to WVSOM Foundation.*

Credit card number: _____ Expiration date: _____

One-time gift Recurring monthly gift by credit card on the 15th of each month

Electronic funds transfer (EFT): *Please send the proper forms to authorize the WVSOM Foundation Inc. to electronically conduct approved transactions directly with my financial institution(s).*
Request forms by calling 800.533.1144 or emailing dmizia@osteo.wvsom.edu.

Stocks, bonds, mutual funds or other property: Approximate value \$ _____
 Please have a gift officer contact me.

Employer matching gift: In addition to my own person gift commitment, _____ will match my gift.

Signature _____ Date _____

I wish for this gift to remain anonymous. I understand that this gift will not be listed in any institutional publications.

Return form to:
WVSOM Foundation
Attn: Donette Mizia
400 Lee Street North
Lewisburg, WV 24901



Andrew Ickes
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Visit: wvsomfoundation.org

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