

# 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 15<sup>th</sup> 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](mailto: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  
400 Lee Street North  
Lewisburg, WV 24901



Visit: [wvsomfoundation.org](http://wvsomfoundation.org)



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