## **Printable Donation Form**

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:	
Phone: Email: _	_
If WVU Graduate, Year of Graduation: If WVU E	mployee, WVU ID:(optional)
Enclosed is my gift to support:  (College, campus, or program)	☐ I would like information about including WVU in my estate plan.
	Additional comments:
☐ 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 10 <sup>th</sup> of each month)	
(Name as it appears on card)	
(Signature for credit card authorization)  Card Type:	FOUNDATION
Discover MasterCard  (Card number)  (Expiration date)	One Waterfront Place Seventh Floor P.O. Box 1650 Morgantown, WV 26507-1650 877-791-4344 (toll free) 304-284-4095 (direct)