



## University of Wisconsin Oshkosh Foundation Gift Form

YES, I/we want to support the University of Wisconsin Oshkosh. Please accept my/our gift in the amount of \$\_\_\_\_\_ (payable to the UW Oshkosh Foundation).

Please designate my gift for:

\_\_\_\_\_ UW Oshkosh Fund  
\_\_\_\_\_ College/Department (please specify) \_\_\_\_\_  
\_\_\_\_\_ Athletics  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Work/Home (circle one)  
Cell Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Donor is:**

Alumna/us (College/Year) \_\_\_\_\_  
Name at Graduation \_\_\_\_\_

\_\_\_\_\_ Student  
\_\_\_\_\_ Parent  
\_\_\_\_\_ Employee  
\_\_\_\_\_ Friend

**Spouse (if applicable) is:**

Alumna/us (College/Year) \_\_\_\_\_  
Name at Graduation: \_\_\_\_\_

\_\_\_\_\_ Student  
\_\_\_\_\_ Parent  
\_\_\_\_\_ Employee  
\_\_\_\_\_ Friend

For credit card payment, please complete the following:

Name on card \_\_\_\_\_  
Billing address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Country \_\_\_\_\_

Credit Card Information: \_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ Amer Exp

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**International Donors:** To make a credit card gift you may print, complete and fax this form to (920) 424-7116.

Print, complete and mail form to: UW Oshkosh Foundation or Fax completed form to: (920) 424-7116  
842 Algoma Boulevard  
Oshkosh WI 54901

Include matching gift form. (Check with your Human Resources Department for eligibility). Call (920) 424-2178 or email foundation@uwosh.edu if you have any questions or for additional information.