Date:	WEST
Name:	
Department:	
Work Extension:	
E-mail:	
Home Address:	
City: State: Zip:	
Home Phone:	
PAYMENT OPTIONS	
☐ Enclosed is my gift of \$	
PAYROLL DEDUCTION (Minimum \$10 per pay period) □ Payroll deduction of \$ per pay period for a grand total of \$ □ Payroll deduction of \$ per pay period until employment ends.	CREDIT CARD DONATION ☐ Credit card gift of \$ ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX Card number
☐ One-time payroll deduction of \$	Expiration dateSecurity code
TRIBUTE INFORMATION	Signature:
☐ In Honor of: ☐ In M	lemory of:
☐ Mail a tribute acknowledgment letter on my behalf to:	(the amount of the gift will be confidential)
First Name: Last Name	e:
Home Address:	
City: State: Zip:	
HOW TO USE MY GIFT	
□ MWU □ AZCOM □ CPG □ CHS □ CDMA □ Program	
☐ Student Scholarships:	OMA □AZCOPT □CVM □CGS □AZCPM
☐ Campus Beautification:	
☐ Tree (Minimum \$500)* ☐ Bench (Minimum \$1,0	,