

Contribution Form

(Print Only)

I / we want to make a gift to (click on any link to learn more):

\$ _____ Truman MAE Program

\$ _____ Specialty Area (specify): _____

\$ _____ Foundation Scholarships (specify): _____

\$ _____ Other: _____

\$ _____ TOTAL

Credit Card Information

My credit card information is listed below OR

I will call with my credit card number (800) 452-6678

I will fax you my credit card number (660) 785-7519

I will mail you my credit card number

Mastercard **Visa**

Account Number: _____

Expiration Date (such as 2/00): _____

****This form is meant to be filled in and printed to fax or mail in. Credit Card information cannot be submitted electronically via this form****

Personal Information

Name: _____

E-mail Address: _____

Street Address: _____

City: _____

State/ZIP: _____

Home Phone: _____

Employer (this helps us determine if you or your spouse work for a matching gift company)

Title:

Work Phone:

If you are making a joint gift, please include the following information:

Spouse's Name:

Maiden Name (if applicable):

Is your spouse a Truman graduate? Yes No

Feel free to include any comments or questions.

Thank you for your gift!

Please review your information carefully. If it's correct, print this form and submit it by:

FAX (660-785-7519)

or by mail to

Office of Advancement
Truman State University
McClain Hall 100
Kirksville, MO 63501