

**UNIVERSITY OF WISCONSIN-RIVER FALLS**  
**Foundation Donation Form**

**Contact Information**

Title:	First Name:	MI :
Last Name:	Maiden:	
Address:		
City:	State:	Zip Code:
Home Phone:	Business Phone:	Cell Phone:
Email Address:		

**Gift Information**

Gift Amount \$	<input type="checkbox"/> Class of	<input type="checkbox"/> Friend	<input type="checkbox"/> Parent
<b>Please apply my gift toward:</b> <input type="checkbox"/> UW-River Falls' greatest need			Other
<b>Payment Type (please check one)</b> <input type="checkbox"/> Check <input type="checkbox"/> VISA			

**Credit Card Information**

Name as it appears on the credit card:	
Card Number:	Exp. Date:
Signature:	

**Joint Recognition**

Spouse's Name:
<input type="checkbox"/> Please check here if you would like your spouse to be recognized for the enclosed gift as well.

**Matching Gift Opportunity**

Please indicate whether your employer or your spouse's employer will match your gift.		
<input type="checkbox"/> Yes, form enclosed	<input type="checkbox"/> Yes, form will be sent later	<input type="checkbox"/> No, company will not match

**Please send your donation, payable to UW-River Falls Foundation, to:**

UW-River Falls Foundation      Fax: 715-425-3506  
410 S. Third St.      Call: 877-258-6647 with any questions  
310 South Hall  
River Falls, WI 54022

To assist our office, please share with us how you found this form?  
 Direct Mail    Directed by email    Visiting Web site   Other

Additional Comments:

*Your gift is tax-deductible and you will be mailed an acknowledgement of your gift.*