

WVSOM FOUNDATION

Give today!



**Fill out the form below
and mail to:**

WVSOM Foundation
400 Lee Street North
Lewisburg, WV 24901



Visit:
wvsomfoundation.org



Call:
304-793-6852

Name _____

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CITY

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I/we pledge a total of \$ _____ to be applied in its entirety to the WVSOM
Foundation Legacy Scholarship Endowment.

- A single gift
- Annual payments of \$ _____ over 5 years starting _____ / _____
(Month) (Year)
- I have included/wish to include WVSOM Foundation in my estate plan.
- I am interested in establishing a named scholarship with a gift of \$25,000 or more.

Payment information below:

- Check enclosed
- Use my credit card
- MC
- Visa

Card # _____ Exp. Date _____

Code _____

Signature _____



Morgan Stanley



To become an annual or corporate partner, contact:

Heather J. Antolini, Director of Institutional Development via hantolini@osteo.wvsom.edu | 304-647-6374



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