

Friends of Wellesley College Athletics 2009-10 Campaign Form

Personal Information:

Please complete this section so that we may record your gift correctly for individual and class credit.

First Name _____ Middle Name _____

Last Name _____

Undergraduate Last Name _____

Address _____

City _____

State _____ Zip _____

Country _____

Home Phone _____

Work Phone _____

Email _____

Class (if parent, administrator, or friend, please indicate affiliation in lieu of class) _____

Gift Information:

Count me in as a FOWCA "team member" for the 2009-10 targeted campaign.

_____ Fund for Competitive Training Trips

_____ General FOWCA Fund

_____ My check made payable to Wellesley College is enclosed.

_____ I would like to charge my gift of \$ _____ to:

_____ MasterCard _____ Visa _____ American Express

Card no. _____ Expires _____

Signature _____

_____ I wish to make a pledge to Friends of Wellesley College Athletics (payable by June 30, 2010 – end of the fiscal year) in the amount of \$ _____.

_____ I wish to make a (circle one) Monthly/Quarterly pledge to Friends of Wellesley College Athletics payable in equal amounts of \$ _____.

_____ Enclosed are my company's gift matching forms. Please send me a receipt for my company's records.

Return this form by fax to 781-283-3641, attn. Mindy Mangels or

Mail to: Friends of Wellesley College Athletics, Keohane Sports Center, Wellesley, MA 02481.

Thank you for your support. Go Blue!