



YES! I / We would like to make an annual commitment to excellence.

Please print, fill out and mail the following form to:

FRIENDS OF THE LIBRARY

c/o The Westminster Fund

Westminster College

Development Office

Old Main, Room 104

New Wilmington PA 16172

Remember ... the fiscal year ends June 30th!

Name: _____ Class year(s): _____

Address: _____

City: _____ State: ____ Zip: _____

Phone Number: _____ Email: _____

Please use my gift for:

Memorial _____

Needs of the Library

Other _____

My check of \$_____ is enclosed.

Please bill me for \$_____.

Please put my gift of \$_____ on my credit card.

Visa

Mastercard Account No: _____ Expiration Date: _____

Signature: _____

Discover

Please send me information on including Westminster College in my will.

For questions regarding this form or the Westminster Fund call (724) 946-7532 for answers.

THANK YOU!