

WESTMINSTER COLLEGE

*Yes! I/We would like to make an annual gift to Westminster College.
This fiscal year ends June 30th.*

Name: _____ Class Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Enclosed is my gift of \$ _____

- Check
- Credit Card: VISA Mastercard American Express Discover

Card #: _____ Exp: _____

Name on Card: _____ CSV: _____

Signature: _____

Please use my gift for:

- Westminster Fund Scholarship** (funded financial aid to current students)
- Student Emergency Fund** (financial emergencies of current students)
- Other:** _____

Please check with your employer (or spouse's employer) for information on their Matching Gift Program. For more information, please call 724.946.7008.

THANK YOU!

Please print, complete and mail to:

**Westminster College
Office of Institutional Advancement
319 S. Market Street
New Wilmington, PA 16172**