

Western League for Excellence Enrollment Form

Yes, I/we wish to support the educational mission of Missouri Western State College through annual unrestricted contributions to the Missouri Western State College Foundation. I/We, therefore, accept the invitation of the Foundation's Board of Directors to be listed among the members of the Western League for Excellence. Please enroll me/us in the following:

- Dean's Circle (\$100-\$249)
 Cabinet's Circle (\$250-\$499)
 President's Circle (\$500-\$999)
 Regent's Circle (\$1,000-\$4,999)
 Founder's Circle (\$5,000 or more)

Name of Donor(s) _____

Address _____

City _____ State _____ Zip _____

- Amount of my/our intended annual gift \$ _____
- Amount of my/our enclosed initial gift \$ _____
- The month and year of my/our initial gift _____ 20__
- Please send reminders Annually Semi-Annually
- Please send reminders in the month(s) of _____
- My/our gifts will will not be matched by employer
- I/we understand that this enrollment expresses my/our intent to support the Foundation with yearly gifts as stated above.
- I/we understand that this enrollment may be discontinued at my/our discretion upon notification to the Foundation.
- I/we understand that the names of members will appear in publications.

X Signature(s) _____

Please make contributions payable to :
 Missouri Western State College Foundation,
 4525 Downs Drive, St. Joseph, MO 64507

Individual Donors

Home telephone number (____) _____ - _____

Work telephone number (____) _____ - _____

E-mail address _____

 If different than from shown above, print the name(s) as should be shown on the certificate and in the Annual Report.

Corporate/Organization Donors

If different from above, print the name as should be shown on the certificate and in the Annual Report.

 Federal I.D. number

 Contact person's name

 Contact person's title

 Office telephone number (____) _____ - _____

Please check that all apply:

- Western alum Non-alumni friend of Western Western employee
- Parent of Western alum Parent of current student
- I/We request information about how to make a bequest to the MWSC Foundation
- I/We desire information about how to make a gift to the MWSC Foundation that will provide me/us with a life income.