

**School of Business Contribution Form**

(Print Only)

I / we want to make a gift to:

- \_\_\_\_\_ School of Business
- \_\_\_\_\_ Cynthia Dodson School of Business Operational Fund
- \_\_\_\_\_ Randy R. Rogers Endowment Fund
- \_\_\_\_\_ Alma L. Kotez Scholarship
- \_\_\_\_\_ BKD Scholarship
- \_\_\_\_\_ Charles & Colleen Foudree Scholarship
- \_\_\_\_\_ Delta Sigma Pi/Tina Schmidt Memorial Scholarship
- \_\_\_\_\_ Edward D. Jones Scholarship
- \_\_\_\_\_ Erlene Blackwood Madsen Scholarship
- \_\_\_\_\_ Eugene J. Croarkin Accounting Scholarship Funds
- \_\_\_\_\_ Ina Finegan Whisler Scholarship
- \_\_\_\_\_ Iota Nu Finance & Leadership
- \_\_\_\_\_ James E. Edwards Scholarship
- \_\_\_\_\_ John H. Jepson Scholarship
- \_\_\_\_\_ Joseph Mitch Scholarship
- \_\_\_\_\_ Julie Ann Weggesser Memorial Scholarship
- \_\_\_\_\_ Bonnie & Kevin Kueber Endowed Scholarship
- \_\_\_\_\_ Mabel Kennedy Carr Scholarship in Business
- \_\_\_\_\_ Marilyn & Jeff Romine Scholarship
- \_\_\_\_\_ Paul Owen Selby Memorial Scholarship
- \_\_\_\_\_ Sandra K. Giachino Reavey Scholarship
- \_\_\_\_\_ Robert A. Dager Scholarship
- \_\_\_\_\_ Raymond F. Bentele/Mallinckrodt Executive In Residence
- \_\_\_\_\_ Wilbur Kimbley II Scholarship
- \_\_\_\_\_ William C. Holper Scholarship

\$\_\_\_\_\_ **TOTAL**

**Payment Method:**

**Check enclosed (make payable to Truman State University Foundation)**

**Credit Card**

- \_\_\_\_\_ My credit card information is listed below
- \_\_\_\_\_ I will call with my credit card number (800) 452-6678
- \_\_\_\_\_ I will fax you my credit card number (660) 785-7519

\_\_\_\_\_ **Mastercard** \_\_\_\_\_ **Visa** \_\_\_\_\_ **Discover**

Account Number: \_\_\_\_\_

Expiration Date (such as 2/07): \_\_\_\_\_

**\*\*This form is meant to be filled in and printed to fax or mail in. Credit Card information cannot be submitted electronically via this form\*\***

**Personal Information**

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Employment (this helps us determine if you or your spouse work for a matching gift company. For more information on matching gift companies, visit: <http://www.matchinggifts.com/truman/>)

Employer: \_\_\_\_\_  
Title: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

If you are making a joint gift, please include the following information:  
Spouse's Name: \_\_\_\_\_  
Maiden Name (if applicable): \_\_\_\_\_  
Is your spouse a Truman graduate? Yes No

Feel free to include any comments or questions.

Thank you for your gift!

Please review your information carefully. If it's correct, print this form and submit it by:

FAX (660-785-7519)  
or by mail to  
Office of Advancement  
Truman State University  
McClain Hall 100  
100 E. Normal St.  
Kirksville, MO 63501  
(800) 452-6678 or (660) 785-4133