Morrie Waud Match Gift Form

Yes, I would like to support the building expansion campaign with a gift to the Morrie Waud Match Fund (112840029).

Name: ____________________________________________________________________________________________

Street Address: __________________________________________________________________________________

City, State, Zip: ___________________________________________________________________________________

Phone: _______________________________ Email: _____________________________________________________

STEP ONE: Choose your gift.

☐ One-Time Gift
☐ Multi-Year Pledge (Payable over 5 years)

If One-Time Gift, proceed to Section A.            If Multi-Year Pledge, proceed to Section B.

STEP TWO: Choose your gift amount and payment method.

Section A: One-Time Gift

Gift Amount: ☐ $500 ☐ $1,000 ☐ $5,000 ☐ Other: ___________

Payment Method:
☐ My check made payable to "UW Foundation" is enclosed.
☐ Charge my credit card:
Card Name:_________________________________________________________________________________
Card No. ___________________________ Exp. Date: ___________________________

Signature: ______________________________________________________________________________________

You may also make your gift online at supportuw.org/giveto/morriewaudmatch

Section B: Multi-Year Pledge (Payable over 5 years)

Select pledge type:

☐ Annual: $ ________ X ________ years = $ ________ (Total Pledge)
Send annual reminders in the month of ____________________.
☐ Charge my first annual installment to my credit card:
Card Name: ________________________________________________________________________________
Card No.: ______________ Exp. Date _______________

Pledge Signature: ______________________________________________________________________________
☐ My check made payable to “UW Foundation” for first installment is enclosed.

☐ Monthly: $ ________ X ________ months = $ ________ (Total Pledge)
Credit cards are charged on the first of the month.
Credit card information required for monthly pledge option.
Card Name: ________________________________________________________________________________
Card No. ___________________________ Exp. Date _______________

Pledge Signature: ______________________________________________________________________________

STEP THREE: Consider this option.

A matching gift from your employer will increase your impact.
Employer Name: ________________________________________________________________________________
☐ Employer matching gift form enclosed. ☐ Matching gift form completed online.

For questions, contact: Marsha Callahan at (608) 262-5534 or marsha.callahan@wisc.edu

Thank you for your gift!

Mail form to:
2015 Linden Drive,
Madison, WI 53706