

**I would like to
Support WOU with my
PLEDGE**

Name _____

Address _____

City State Zip _____

Phone _____

E-mail _____

WOU Alum: Yes No If yes, year _____

I would like to make a pledge to:

- The Annual Fund
- WOU's greatest need
- The following department, program or fund:

I pledge:

- \$1,500
- \$1,000
- \$500
- \$100
- \$50
- Other: \$ _____

To be paid:

- One-time
- Monthly
- Quarterly
- Semi-Annually
- Annually

Start Date: _____

End Date: _____

Check here if continuous, no end date

For office use only:

ID: _____

Fund: _____

Campaign: _____

Source: _____