

MAIL-IN GIFT FORM

*Please complete this form and mail to:
Advancement Office
Walla Walla University
204 S. College Ave.
College Place, WA 99324*



➤ Personal Information

Name: _____
Last Middle First

Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Phone: _____ - _____ - _____

➤ Donation Information

Account Number: 76475

Amount: \$ _____

Payment Information:

Check (*Enclosed and made payable to "WWU"*)

Credit Card (*Please fill out the information below*)

Visa

MasterCard

Discover

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Name as it appears on card: _____

Signature: _____