



2009 WILLIAMS EDUCATIONAL FUND DRIVE

DONOR GIFT FORM

JULY 1, 2008 – JUNE 1, 2009

ACCOUNT INFORMATION

Account Number		Home Phone	
Account Name		Mobile Phone	
Company		Primary E-mail	<input type="checkbox"/> HOME <input type="checkbox"/> WORK
Title		Fax Number	
Business Address		Birthday #1	
City, State, Zip		Alumnus #1	INSTITUTION _____ YEAR _____
Business Phone		Birthday #2	
Home Address		Alumnus #2	INSTITUTION _____ YEAR _____
City, State, Zip			

ANNUAL CONTRIBUTION

<input type="checkbox"/> Hall of Fame \$50,000 and up	<input type="checkbox"/> You may use my gift in the area of greatest need. <input type="checkbox"/> You may use my gift for scholarships only.
<input type="checkbox"/> Champion \$25,000 – \$49,999	
<input type="checkbox"/> All-American \$10,000 – \$24,999	
<input type="checkbox"/> Legend \$5,000 – \$9,999	
<input type="checkbox"/> MVP \$2,500 – \$4,999	
<input type="checkbox"/> Rock Chalk \$1,000 – \$2,499	
<input type="checkbox"/> Jayhawk \$500 – \$999	
<input type="checkbox"/> Crimson & Blue \$250 – \$499	
<input type="checkbox"/> Outland \$100 – \$249	
MY GIFT PLEDGE \$ _____ Plus matching gift \$ _____ from _____ <small>COMPANY NAME</small> TOTAL PLEDGE \$ _____ <i>Please make checks payable to "KU Endowment" if the gift will be matched. A matching gift form must be enclosed with each gift.</i>	

PAYMENT INFORMATION

<input type="checkbox"/> FULL PAYMENT is enclosed.	<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA Account Number _____ <input type="checkbox"/> PERSONAL <input type="checkbox"/> CORPORATE Expiration Date _____ Security Number _____ Zip Code _____ Signature _____
<input type="checkbox"/> PARTIAL PAYMENT \$ _____ is enclosed or should be billed to my credit card at this time. <input type="checkbox"/> I would like the balance to be charged to my credit card on the following dates: October 1, 2008; December 1, 2008; and February 1, 2009 through the Williams Educational Fund office. <i>If paying by cash or check, my balance will be billed to me on the following dates: October 1, 2008; December 1, 2008; and February 1, 2009.</i>	
<input type="checkbox"/> PLEDGE ONLY. <input type="checkbox"/> I would like the balance to be charged to my credit card on the following dates: October 1, 2008; December 1, 2008; and February 1, 2009 through the Williams Educational Fund office. <i>If paying by cash or check, my balance will be billed to me on the following dates: October 1, 2008; December 1, 2008; and February 1, 2009.</i>	
<input type="checkbox"/> As a condition of my donation to the WEF, I hereby request, as permitted by K.S.A. 45-221f(a)(8), that my name and any personally identifiable information not be released. My contribution will be <u>anonymous</u>, but I will receive a tax receipt and priority points. My name will not be listed in game programs.	
<input type="checkbox"/> I would like my name to appear as follows in game programs: _____	

All information on this form will be kept strictly confidential.

Not responsible for undeliverable mail if P.O. Box is used.

ALL 2009 FUND DRIVE PAYMENTS ARE DUE BY JUNE 1, 2009

PLEASE MAKE CHECKS PAYABLE TO: Williams Educational Fund
 Phone: 785-864-3946 | Fax: 785-864-5847

MAIL TO: Kansas Athletics, Inc. | Williams Fund | P.O. Box 414280 | Kansas City, MO 64141-4280

This is a Williams Fund payment address (lockbox) to expedite gift processing.

DONATE ONLINE: <https://jayhawks.donornetpac.com>