



UNIVERSITY of WISCONSIN
GREEN BAY

UW-Green Bay Faculty & Staff Retirees Endowed Scholarship/Special Projects Gift Form

Donor Name _____

Preferred Mailing Address: Home Business

Contact Person _____

Street Address _____

City, State, Zip _____

Telephone _____

E-Mail: Home Business _____

Position at UW-Green Bay Upon Retirement (if applicable) _____

Please accept my gift(s) to the UWGB Retiree Association. Apply the gift as designated:

\$_____ Special Projects Gift Account

\$_____ Endowed Scholarship Fund

Name(s) as you would like it to appear in the University's Annual Report or other public announcements:

I/We wish to remain anonymous.

Method of payment:

- A check payable to **UW-Green Bay Foundation** is enclosed
- Authorization for a VISA MasterCard credit card charge is provided here (\$50.00 minimum gift):
 Account #: _____ - _____ - _____ - _____ Exp. Date: _____
 Name of Cardholder: _____
 Signature: _____
- I/We will make a stock gift. Please have a UW-Green Bay staff member contact me/us.
- I/We will make a planned/estate gift. Please have a UW-Green Bay staff member contact me/us.
- I/We have enclosed a matching gift application**

Questions?

Contact Mark Brunette, Director of Donor and Alumni Relations • (920) 465-2586

Please complete and return to:
University Advancement Office • UW-Green Bay • 2420 Nicolet Dr. • Green Bay, WI • 54311-7001