



YES! I will join with others in support of Neal T. Jones Seminary and send a strong message that I believe in Washington University of Virginia's mission!

☐ **YES! Please contact me about being part of the Neal T. Jones Seminary**

Name: _____

Address: _____

E-mail: _____ **Phone:** _____ **Note:** _____

☐ Check if you would like to be listed as "anonymous" in all donor recognition materials.

☐ **RECURRING DONATION**

AMOUNT: \$ _____

PAYMENT OPTIONS

☐ Cash

☐ Check

☐ Credit Card:

☐ Visa

☐ Master

☐ Discover

☐ Others-

☐ E-Check

Routing #: _____

Account #: _____

Account Holder Name: _____

Card #: _____

Expiration Date: _____

Card Holder Name: _____

☐ **ONE-TIME DONATION**

AMOUNT: \$ _____

PAYMENT OPTIONS

☐ Cash

☐ Check

☐ Credit Card:

☐ Visa

☐ Master

☐ Discover

☐ Others-

☐ E-Check

Routing #: _____

Account #: _____

Account Holder Name: _____

Card #: _____

Expiration Date: _____

Card Holder Name: _____

Designated my contribution to:

☐ WUV Forward

☐ Unrestricted Scholarship Fund

☐ Other _____

DATE: _____

SIGNATURE: _____

Please return this completed form to the Finance Office, 4300 Evergreen Lane Annandale, VA 22003

Donations to the WUV Foundation, a 501(c) (3) nonprofit corporation, are tax-deductible to the full extent of the law, in accordance with IRS guidelines