



THE UNIVERSITY OF MONTANA - WESTERN

F O U N D A T I O N

710 S. Atlantic, Dillon, MT 59725 406/683-7343

Yes, I want to support The University of Montana – Western!

My Total Gift: _____

I hereby authorize monthly payroll deductions of \$_____ for _____ months, or bi-weekly payroll deductions of \$_____ for pay periods beginning with the month of _____.

Please apply my gift to:

- | | |
|---|---|
| <input type="checkbox"/> THE GREATEST NEED | <input type="checkbox"/> Bulldog Booster Club General |
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Faculty Development | <input type="checkbox"/> Women’s Basketball |
| <input type="checkbox"/> Performing Arts Center | <input type="checkbox"/> Men’s Basketball |
| <input type="checkbox"/> Rural Education | <input type="checkbox"/> Football |
| <input type="checkbox"/> Art Gallery | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Library | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Alumni Association | <input type="checkbox"/> Equestrian |
| | <input type="checkbox"/> Other: _____ |

Name (Please Print)

Social Security Number

Signature

Date

THANK YOU!!!