

Occupational Therapy Fund Drive

Yes, I'd like to support the continued excellence of the Occupational Therapy Department!

Name: _____ E-mail address: _____

Address: _____ Phone: _____

This gift is from me. This gift is from my spouse and me. Spouse's name: _____

Please apply my/our gift:

- To the Wanda Mayberry Scholarship Fund (51515)
- To the Marjorie Ball Memorial Scholarship Fund (20864)
- To the Lillian Solo Ager Memorial Scholarship Fund (47285)
- To the Elnora Gilfoyle Scholarship Fund (47655)
- To the Occupational Therapy General Fund (12983)
- To the Occupational Therapy Renovation Fund (44733)

Payment Options

Enclosed is my/our check in the amount of \$_____. (Please make check payable to the *Colorado State University Foundation*.)

Please charge this gift in the amount of \$_____ Mastercard Visa

Card number _____ Expiration date _____

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Yes, my company has a matching gift program. Enclosed is the matching gift form from my Human Resources office.

Employer: _____

Employer address: _____ Phone: _____

Send Payment to: Colorado State University Foundation
P.O. Box 1870
Fort Collins, CO 80522-1870

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