



**Enclosed is my gift of \$ \_\_\_\_\_**

Please designate my gift for:

- San Antonio Campus General Fund                       Holly and T. Don Guthrie Religion Faculty Endowment  
 San Antonio Building Fund                                 Nursing Development Program

- Mr. and Mrs.     Mr.     Mrs.     Ms.     Miss     Dr.     Rev.

Full Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Name(s) as you wish them to appear in Wayland publications acknowledging your gift. Specific amounts will not be listed.

\_\_\_\_\_

- I (we) wish to remain anonymous.  
 Are you a Wayland alumnus? If so, what year? \_\_\_\_\_

Occupation \_\_\_\_\_ Company/Organization \_\_\_\_\_

**I am making my gift by**

- Check (payable to Wayland Baptist University—San Antonio)  
 Credit Card Please charge my:  Visa                       MasterCard                       AMEX                       Discover  
Card No. \_\_\_\_\_ Exp. Date (MM/YY) \_\_\_\_\_  
Signature \_\_\_\_\_

**Other gift options**

- I would like to learn more about leaving a gift in my estate to Wayland Baptist—San Antonio  
Please make my gift in honor of \_\_\_\_\_ (Name or Occasion)  
Please make my gift in memory of \_\_\_\_\_ (Name/Relationship)

**Please send notification of this gift to**

Title/Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

If you or your spouse work for a company with a matching gift program, please obtain the appropriate personnel office form and include it with your gift. All contributions are tax-deductible to the extent permissible by law.

**Questions? Please call our Advancement Office, at 210.826.7595 extension 228.**

Mail your gift to: Wayland Baptist University  
Director of Institutional Advancement  
11550 IH-35 North  
San Antonio, Texas 78233  
Or Fax your gift to: (210) 826-5699