



# Stanley W. Case Endowed Memorial Scholarship in Mass Communication

Yes, I would like to support the **Stanley W. Case Endowed Memorial Scholarship in Mass Communication** with a gift of:

- |   |                                |                               |                               |
|---|--------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> \$1000         | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$25 |
| <input type="checkbox"/> \$250          | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$50 |                               |
| <input type="checkbox"/> Other \$ _____ |                                |                               |                               |

My gift is enclosed

Name: \_\_\_\_\_  
Mr./Mrs/Dr./Mr & Mrs      (first)      (last)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Graduation Year/Major: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone/Other: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Graduation: \_\_\_\_\_

- Alumnus/Alumna     Faculty/Staff     Friend

**Payment:**

I am paying by:       Check (payable to UCO Foundation)

Please Charge My:       Visa       Mastercard

Name on Card: \_\_\_\_\_

Credit Card#: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

(Required)

Pledge: I would like to make an ongoing credit card payment of \$\_\_\_\_\_ per month. My gift will be ongoing until I request a change or cancellation.

This gift will be matched by my employer

Gift form enclosed       Employer notified

## Thank you for your support!

Your contribution is tax deductible to the extent of the law.  
 A nominal administrative fee will be assessed on all  
 non-endowed donations.

UCO Fondation

"Make a Difference---One Student, One Friend, One Gift at a Time"

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