SCHOLARSHIP FUND DONATION FORM

Given By:
Name: __________________________________________
Address:  ________________________________________
City:   ___________________________________________
State:  _________________________ Zip: _____________
Phone:  _____________________  Cell ☐Home ☐Work ☐
Email:  __________________________________________

This gift is designated for Trinity University Woman's Club Scholarship Fund (ID # 478505600U).

In Honor/Memory of:
_________________________________________________

Please send acknowledgement to:
Name: __________________________________________
Address:  ________________________________________
City:   ___________________________________________
State:  _________________________ Zip: _____________

Donations can be made online at
https://new.trinity.edu  / Give to Trinity / Online Gift Form and designate TUWC Scholarship in the special instructions box.

Donations can also be made with this form by check or credit card.
Payment Method
Gift Amount $______________________________
Check # _________________________________

OR

Credit Card: _________________________________
Expiration Date: _________________________________
Security Code (3 digit # on the back of credit card): ______

Did you know that making a planned gift is a wonderful way to show your support for the Trinity University Women’s Club?

- I would like additional information about including a gift to the TUWC Scholarship Fund in my will or naming the Fund a beneficiary of an IRA account, life insurance policy or savings account.

Please mail your donation and both pages of this form to:
Trinity University
One Trinity Place Box #49
San Antonio TX 78212-7200
210-999-7415