



WILLIAM JESSUP UNIVERSITY

Department Name
333 Sunset Blvd.
Rocklin, CA
95765
Phone

YES! I'd like to support _____ (Name of group or student) with their efforts in _____ (Name of fundraiser) through:

Prayer Financial Sponsor \$ _____

PLEASE NOTE: Checks can be payable to 'WJU' and this form should be included with your gift. When supporting a specific student for a fundraiser, the student's name should not appear on the check. All contributions are tax deductible.

First Name _____ Last Name _____

Organization Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

Please check here if you would not like to receive future WJU communications



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CREDIT CARD DONATION

I'm Making a One Time Donation of \$_____ for _____.

I'm making a Monthly Commitment of \$_____per month.

VISA

MASTERCARD

Credit Card Number_____

Expiration Date_____

Signature_____

Your Name_____Business Name _____

Your Address_____

Your Phone Number_____

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