



THE
WESTMONT
ANNUAL FUND

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Scholars Program

Grow With Us





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The Westmont Annual Fund Scholars Program

Would you like to put a face on your gift to Westmont? You can! The Westmont Annual Fund Scholars Program connects you with the student who receives the scholarship you fund.

By meeting face-to-face over lunch or conversing by e-mail, you can discover the impact of your gift on this student. During their years at Westmont, students grow deeper in many ways—academically, personally, and spiritually—and you can witness this development first-hand. Scholarship recipients feel truly blessed and welcome the opportunity to express their appreciation to you. They also enjoy getting a glimpse of life beyond Westmont by learning something about you.

What does it take to help deserving young people and change their lives in dramatic and lasting ways? A gift of \$10,000 to the Westmont Annual Fund provides a named, one-year scholarship to one of our exceptional students who requires financial assistance in order to attend Westmont.

Program Specifics:

- Gifts for the Scholars Program count toward alumni class and reunion totals and fulfill the annual commitment required for membership in the President's Associates;
- Corporate matching gifts may be included to reach the \$10,000 total;
- Donors will not be able to request students based on their geographic area or their particular interests or talents;
- Westmont will select the scholars in the fall following the fiscal year in which the gift was made;
- Donors will be invited to meet their scholars at a reception on campus during the year.

For more information, please call (805) 565-6833 or presidentsassociates@westmont.edu.



I accept your invitation to become a member of the Westmont Annual Fund Scholars program.

I would like to name this scholarship the

_____ Westmont Annual Fund Scholarship.

Name _____

Address _____

City, State, ZIP _____

E-mail _____

Phone _____ Cell Home Work

Total Commitment \$ _____*

Initial Gift \$ _____

Balance \$ _____

I wish to pay:

Semiannually Monthly One time

Enclosed is my check for \$ _____

MasterCard Visa

Credit card number _____

Expiration date _____

Signature _____

My employer will match my gift. I have enclosed the matching gift form.

Gifts to Westmont are deductible for tax purposes as allowed by law and will benefit the Westmont Annual Fund.

For giving inquiries or to charge your gift by phone, please call 800-998-5652 or 805-565-7053. To give online, visit www.westmont.edu/giving

* In order to qualify, total commitment must reach \$10,000 and be received in the same fiscal year: July 1–June 30.



ARDBNSP