Preceptor Donation to WCUCOM

Preceptor Name: _____

Clinic or Facility Name: _____

Donation Amount: $_____

Check one: □ Every check received

□ Every check received from _____ - _____

□ One-time only donation

Specified Donation Fund: Check one: □ WCUCOM Alumni Association

□ General COM Fund

Please complete the following statement and sign below.

I, _____, would like to gift WCUCOM from my preceptor check as specified by my selections above.

Signature: _____ Date: _____