



SYRACUSE UNIVERSITY GIVING

Contact and general information:

Name _____
First Middle Initial Last Maiden

Class Year _____ Degree _____ School/College _____ Major _____

Street Address _____

City, State Zip _____

Home phone (_____) _____ - _____

E-mail _____

If married, what is your spouse's name? _____
First Middle Initial Last Maiden

Is your spouse a Syracuse Alumnus? Yes, from the class of _____. No

Are you the parent(s) of a currently enrolled Syracuse student? Yes, _____ No
Your gift will count toward parent participation in the Fund for Syracuse. Child's Name

Please indicate the amount and allocation of your gift:

\$ _____ Area of Greatest Need \$ _____ School/College _____

\$ _____ Scholarship \$ _____ Other _____

Payment method:

- Enclosed Check or Money Order made payable to *Syracuse University*.
- American Express Discover MasterCard Visa

Name of cardholder as it appears on the card

Signature

Card number

Expiration Date

Employment information:

Gifts from those employed by Syracuse University will count toward faculty-staff participation in the Fund for Syracuse.

Company Name _____

Your Title _____

Street _____

City, State Zip _____

Business phone (_____) _____ - _____

E-mail _____

Does your (or your spouse's) employer participate in a matching gift program?

- Yes, matching form is enclosed Not sure, please check _____
- Yes, matching form will be mailed separately No *Company Name*

Mail your gift to:

Syracuse University
Office of Development
820 Comstock Avenue, Suite 100
Syracuse, NY 13244-5040 (U.S.A.)

Questions? E-mail giving@syr.edu or call 877.2GROWSU.