SYRACUSE UNIVERSITY GIVING

Yes, I want to support Syracuse University with my gift of:

☐ $1,000 ☐ $500 ☐ $250 ☐ $144 ☐ Other $_____

Please allocate my gift to:

$ _____ Annual Fund $ _____ School/College _____

$ _____ Scholarships $ _____ Other _____

My gift is ☐ In honor of ☐ In memory of _____

A matching gift will come from:

☐ My employer ☐ My spouse's employer _____
Company Name

Matching gift form: ☐ Is enclosed ☐ Will be submitted separately

Donor information:

Name_____
First *Middle initial* *Last* *Maiden*

School/College _____ Class Year_____

Street _____

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Payment:

☐ I have enclosed a check or money order made payable to Syracuse University.

☐ Please charge my credit card:

☐ ☐ ☐ ☐

_____ _____
Name of cardholder as it appears on card *Signature*

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Card number *Expiration date*

Mail your gift to:

Office of Development
Syracuse University
820 Comstock Avenue, Suite 100
Syracuse, New York 13244-5040

Questions?

E-mail **giving@syr.edu** or call **315.443.1848.**