# 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 _____

City, State, Zip _____

Phone ( _____ ) _____–_____ Email _____

## 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*

_____ - _____ - _____ - _____ _____
*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.