



Ursinus College

Faculty and Staff Giving Form

Please complete and return to Martena Roshon, Advancement Office, Corson Hall 024K, X3551 or mroshon@ursinus.edu

Yes, I/We wish to make a gift to Ursinus College and designate our gift to:

- Area of Greatest Need**
- Annual Fund Scholarships
- Bruins Club—General Athletics
- Friends of the Berman Museum
- Other: _____
- Friends of Music
- Friends of Myrin Library
- Parents Fund
- Student/Faculty Research
- Student Life & Programming
- Center for Science/Common Good
- Innovation & Discovery Center
- U-Imagine Center

I/We wish to make a total gift of \$_____ payable as follows:

- Enclosed is a check made payable to Ursinus College
- Monthly Payroll Deduction:
 \$_____ over _____ pay periods until the total gift is paid.
 Start payroll deduction on the following date: _____
- Please charge my/our gift to the following major credit card (circle one):
 American Express Discover MasterCard VISA
 Card Number _____ - _____ - _____ - _____
 Expiration Date ____ / ____ / _____
 Name on card _____
 Signature _____
- In addition, my/our gift is eligible to be matched by _____
- Please contact me/us on how I/we can make a gift of appreciated securities to Ursinus.

Name(s) as should be listed in the College's *Annual Report*:

Campus Address _____ Extension _____

Home Address _____

City, State, Zip _____ Home Phone _____

Signature _____ Date _____

Thank You for your gift to Ursinus College