



# Gift Form

### Donor Information (please print)

Name:	
Billing address:	
City:	
State:	
Zip Code:	
Telephone (home):	
Telephone (business):	
Fax:	
E-Mail:	

### Gift Amount

I (we) gift a total of \$ \_\_\_\_\_ and would like my/our gift to go towards \_\_\_\_\_.  
 (You may visit our [Ways of Giving page](#) for more information.)

Restrict to (department/fund): \_\_\_\_\_

I (we) plan to make this contribution in the form of: \_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ other

Credit card type (circle one):	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit card number:	
Expiration date (month/year):	<input type="text"/> / <input type="text"/>
Name on card:	<input type="text"/>
Authorized signature:	<input type="text"/>

### Matching Gift

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
 \_\_\_ form enclosed \_\_\_ form will be forwarded

Not sure if your employer has a matching gift program? Enter your employer's name in [Blackbaud's matching gift database](#) then click the search button.

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

<input type="text"/>
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\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s):
Date:

### Please make checks, corporate matches, or other gifts payable to:

Alfred State College Development Fund, Inc.  
 Alfred State College - Huntington Admin. Bldg.  
 Office of Institutional Advancement  
 Alfred, NY 14802