

**Douglas Barber Student Enhancement Endowment**

The students, faculty, and staff appreciate your support of the  
Douglas Barber Student Enhancement Endowment!

**One-Time Contribution Form**

Please accept my one time gift of \$ \_\_\_\_\_ to be applied to the **Douglas Barber Student Enhancement Endowment**.

I have enclosed the following:

**Check** (payable to Alfred State Development Fund,  
please note Douglas Barber Student Enhancement in memo field)

**Credit Card** (Please complete information)

MC    VISA    DISCOVER    AMEX:

Card #: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please return to:**  
Alfred State College  
Office of Institutional Advancement  
Huntington Administration Building  
10 Upper College Drive  
Alfred, NY 14802