



Gift Form

Donor Information (please print)

Name: _____

Address: _____

City: _____

State: _____

ZIP Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Gift Amount

\$50 \$100 \$250 \$500 \$1,000 – President's Society Other: _____

Gift Designation

Please use my gift where most needed

Restrict to (department/fund): _____

I (we) plan to make this contribution in the form of:

cash check credit card other _____

Credit card type: _____ Security code: _____

Credit card number: _____

Expiration date: _____ Name on card: _____

Authorized signature: _____

My gift will be matched by _____ (company/family/foundation).
 form enclosed form will be forwarded

Acknowledgement Information

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

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.

Mail to:

Alfred State College
Office of Institutional Advancement
10 Upper College Drive
Alfred, NY 14802