

## Gift Form

### CONTRIBUTOR INFORMATION (Your personal information is kept confidential)

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Dr. Mr. Mrs. Ms. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/PC \_\_\_\_\_  
Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work/Cell: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### MY GIFT

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I would like my contribution of \$ \_\_\_\_\_ to be used toward:

\_\_\_\_\_

Please make my gift in honor memory of: \_\_\_\_\_

You may list my gift in the Annual Report as \_\_\_\_\_

Please list my gift as Anonymous

### METHOD OF PAYMENT

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Check enclosed. (Please make checks payable to **Medaille College.**)

Please bill my credit card: Visa MasterCard American Express Discover

Account number: \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_



My contribution will be made as a pledge. Payments toward this pledge will be made:

Single Installment Annually Quarterly Monthly Semi-Monthly Payroll Deduction

Beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_, in amounts of \$ \_\_\_\_\_ or as follows:

\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### NOTES

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- Contributions to Medaille College are deemed charitable under section 501(a) of the internal revenue code as an organization described in Section 501(c)(3). Please consult your accountant for any clarifications.
- Payments must be received before the end of the year to be eligible for a tax deduction in that year.
- There is no minimum contribution amount.
- For more information please visit [www.medaille.edu/giving](http://www.medaille.edu/giving), call Vicki Ward at (716) 880-2209 or email [giving@medaille.edu](mailto:giving@medaille.edu).