

Bloomsburg University Foundation
Print and Mail Donation Form

please print

Name _____ Class _____

Address _____

City _____ State _____ Zip _____

Home email _____

Home phone _____ Check if change of address, phone or email

Bloomsburg University Foundation Recognition Levels

President's Circle	\$5,000+
Maroon & Gold Society	\$1,000 to \$4,999
Long Porch Society	\$500 to \$999
College Hill Society	\$300 to \$499
Founders' Club	\$168 to \$299
Centennial Club	\$100 to \$167

\$ _____

Designate my/our gift to

- _____ University priorities
- _____ Academic scholarships
- _____ General athletic scholarships
- _____ Other (write name of fund)

_____ Enclosed is my/our check payable to Bloomsburg University Foundation

_____ Visa _____ MasterCard Card number _____ - _____ - _____ - _____

Name on card _____ Expiration date _____ Security code _____

_____ in memory of _____ in honor of Name _____

We will send a letter on your behalf recognizing the tribute to:

Name _____

Address _____

City _____ State _____ Zip _____

_____ I have included Bloomsburg University in my will.

_____ Please send me information on estate planning.

_____ I have multiplied the amount of my gift by enclosing a matching gift form from my/my spouse's employer.

Please update _____ my _____ my spouse's business information:

Employer _____

Position/title _____

Business address _____

Business city _____ State _____ Zip _____

Business phone _____

Business email _____

Contributions are tax deductible as allowed by law. Our fiscal year runs July 1 to June 30.

S2216