



YES, I wish to support the  
President's Innovation Fund!

Gift amount: \$ \_\_\_\_\_

Enclosed is my check (payable to Cazenovia College)

*or*

Credit card gift:

VISA     MasterCard     Discover     American Express

Acct # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

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

\_\_\_\_\_  
Name Class Year  
(Cazenovia alumni)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State    Zip

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Email Address

*Questions?*

Contact the Office of Institutional Advancement at  
315.655.7369 or  
development@cazenovia.edu

*Thank you!*

*Mail to:*

Office of Institutional  
Advancement  
Cazenovia College  
22 Sullivan St.  
Cazenovia, NY  
13035