

**Yes! I want to support
Cazenovia College!**



**Please print this form and mail to:
Cazenovia College, Office of Institutional Advancement
22 Sullivan Street,
Cazenovia, NY 13035
Or Fax to: 315-655-7394**

*A tax receipt letter will be mailed to you for your gift.
Thank you for your generosity and support!*

Today's Date: _____

Last Name: _____ First Name: _____ Middle I.: _____

Ms. Mrs. Miss _____ Mr. Mr. & Mrs.

Maiden Name: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Alumni _____ Friend _____ Parent _____ Employee _____ Other _____

Class Year: _____

I/We would like to make a gift in the amount of: \$ _____ to support:

Cazenovia's Greatest Needs

Student Scholarships _____

Other _____

Please call me/us about The Heritage Society to discuss a planned gift _____

Please call me/us about volunteer opportunities _____

Method of Payment:

Check enclosed (payable to Cazenovia College)

By credit card:

VISA MasterCard Discover

Card # _____

Exp. _____ CSC # _____

Cardholder's Name: _____

Cardholder's Signature: _____

Your credit card account will be charged within five business days.

Payment Schedule: Total Gift \$ _____

Payment in full

I prefer to make a pledge of \$ _____

Annual payments of \$ _____, er year
for _____ years starting in
_____ (month), _____ (year).

My gift will be matched by: _____

(Please enclose matching gift form)

**Questions? Contact the Cazenovia College Development Department at 315.655.7369
Or e-mail development@cazenovia.edu.**