



First Name: _____ Middle Initial: _____ Last Name: _____

- College Alumnus/na, Class of _____
- Graduate School Alumnus/a, Class of _____
- Parent of: _____
- Grandparent of: _____

GIFT INFORMATION

I would like to make a gift of: \$ _____

I would like to charge this gift to my:

- American Express
- Discover
- Master Card
- Visa

Credit Card # _____ Exp. Date _____

Name as it appears on the card: _____

THE UNIVERSITY FUND

- One-time gift
- Fulfillment of my Phonathon pledge
- Community Arts Program
- Huntington County Student Grants
- Other Designations: _____

In honor of: _____

In memory of: _____

Please send acknowledgement of this memorial gift to: (Include name and address)

HOME ADDRESS

Street: _____ Apartment: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Phone: (_____) _____

E-mail: _____

EMPLOYMENT INFORMATION (OPTIONAL)

Employer: _____ This is a Matching Gift Company

Work Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Work Phone: (_____) _____ extension _____

Occupation: _____

Title: _____

After completing this form, please print it and mail it with your gift to:
Huntington University, 2303 College Avenue, Huntington, IN 46750

If you have questions, please telephone the Office of Advancement at (260) 359-4069.

Thank you for your investment in Huntington University!