

Gift Information

Enclosed is my/our gift of \$ _____

Designation (list dollar amount of each payment):

- \$ _____ Purdue Annual Fund (RF0001)
- \$ _____ School (specify) _____
- \$ _____ Department (specify) _____
- \$ _____ Libraries (RF0088)
- \$ _____ Other (specify) _____
- \$ _____ Other (specify) _____

Payment Authorization

- Checking Account** (payable to Purdue Foundation)
- Credit Card or Debit Card**
As specified above, I authorize Purdue Foundation to charge my:
 Visa Mastercard Discover American Express

Card Number: _____ Exp Date: _____ 3 Dig Sec Code: _____

Name on the card: _____

- My credit card billing address is the same as the address listed above.**

If different, please provide billing address: _____

Signature: _____ Date: _____

Donor Information

Name: _____
Street Address: _____
City: _____ State: _____ Zipcode: _____
Telephone: _____ E-mail: _____
Alumna/us?: Yes No Year Graduated: _____
School: _____
Name at Graduation: _____

Spouse Information

Spouse Name: _____
E-mail: _____
Alumna/us? Yes No
Year Graduated: _____
School: _____
Name at Graduation: _____

Matching Gifts:

I anticipate that my gifts will be matched by (specify company) _____

Mail form to: Purdue Foundation, 403 West Wood Street, West Lafayette, IN 47907-2007

Contact us at: (800) 319-2199 or gifts@purdue.edu