

## DUQUESNE GIFT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail \_\_\_\_\_

I am pleased to make a gift in the amount of:

\$1,000  \$2,500  \$5,000  \$10,000  \$ \_\_\_\_\_

## ALLOCATION INFORMATION

\$ \_\_\_\_\_ *Advancing our Legacy* Scholarship Endowment

\$ \_\_\_\_\_ School/College of \_\_\_\_\_

\$ \_\_\_\_\_ Department of \_\_\_\_\_

\$ \_\_\_\_\_ Scholarship of \_\_\_\_\_

\$ \_\_\_\_\_ Other \_\_\_\_\_

PREFERRED PAYMENT OPTIONS:

Check: Please make payable to *Duquesne University*

Credit Card:  Visa  Mastercard  Discover  AMEX

Credit Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Appreciated Securities: This gift will be made with stocks, bonds or other liquid assets. Please contact me.

Installment payments of \$ \_\_\_\_\_ each will start on \_\_\_\_/\_\_\_\_/\_\_\_\_

Please remind me  Annually  Semi-annually

Quarterly  Monthly

Matching Gift Information: This contribution will be matched by:

My Employer: \_\_\_\_\_

My Spouse's Employer: \_\_\_\_\_

The matching gift form:  is enclosed.  will follow.

Please contact your company's human resources office to determine if you are eligible for a corporate matching gift.

QUESTIONS?

Telephone: 1-800-456-8338 Fax: 412-396-5189

E-mail: [annualfund@duq.edu](mailto:annualfund@duq.edu)

Make your gift online at [www.giveto.duq.edu](http://www.giveto.duq.edu)

If you itemize, your gift may be tax deductible.