

DUQUESNE GIFT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Telephone: _____

E-mail _____

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

\$100 \$300 \$500 \$1,000 \$ _____

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

Make your gift online at www.giveto.duq.edu

If you itemize, your gift may be tax deductible.