



Please print this form and mail or fax it to the address listed below.

Name: _____

School(s): _____ Year(s): _____

Street: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____

Email: _____

PLEASE DESIGNATE MY GIFT/PLEDGE AS FOLLOWS

\$ _____ **The College Fund**, the annual fund for the College of Arts and Sciences

Other Program or Designation:
Please designate my gift of \$ _____
to: _____

Memorial Gift:
This gift is in _____ memory or _____ honor of:

Please notify the following individual/family of my gift:

Name: _____

Street: _____

City: _____ State: _____ ZIP: _____

I prefer this gift/pledge remain anonymous

Special Instructions:

METHOD OF PAYMENT

Check (Made payable to Case Western Reserve University)

Credit Card:

Name: _____
(as it appears on credit card)

Account Number: _____

Expiration Date: _____

Signature: _____

E-Z Giving (electronic fund transfers):

I authorize my _____ bank or _____ credit card to make continuous monthly payments of \$ _____ (\$10 minimum/month) by the method indicated below on the _____ 1st or _____ 15th of each month until I notify Case Western Reserve University otherwise.

Checking Account
Enclosed is my check for the first month.

Credit Card Option
(Please fill credit card information above.)

Pledge. I wish to make a pledge of \$ _____ I wish to pay my pledge in equal installments. Please schedule my payments as follows:

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

Stock Gift. I wish to fulfill my gift with stocks. To initiate a gift in the form of a stock transfer, please call the Treasurer's Office: 1.800.315.3863.

I would like to include the college in my will; please send information.

Please mail or fax this form to:

Case Western Reserve University
College of Arts and Sciences
10900 Euclid Ave.
Cleveland, OH 44106-7068
800.360.5308 ~ fax: 216.368.0130
collegesupport@cwru.edu

Thank you for your support!