## Please print this form and mail or email it to the address listed below. METHOD OF PAYMENT Check (Made payable to Case Western Reserve University and the specific designation) School(s): Year(s): Credit Card: Name: (as it appears on credit card) Account Number: \_\_\_\_\_ City: State: ZIP: Expiration Date: \_\_\_\_\_ Phone: Signature: \_\_\_\_\_ **E-Z Giving** (electronic fund transfers): I authorize my\_\_\_\_\_bank or\_\_\_\_credit card to make PLEASE DESIGNATE MY GIFT/PLEDGE AS FOLLOWS **\$\_\_\_\_\_The College Fund**, the annual fund for continuous monthly payments of \$ (\$10 minimum/month) by the method indicated below on the College of Arts and Sciences the\_\_\_\_\_1st or\_\_\_\_\_15th of each month until I notify Case Western Reserve University otherwise. П Other Program or designation: ☐ Checking Account Please designate my gift of \$ Enclosed is my check for the first month. ☐ Credit Card Option (Please fill credit card information above.) П Memorial Gift: Pledge. I wish to make a pledge of \$\_\_\_\_ This gift is in \_\_\_\_\_memory or \_\_\_\_\_honor of: I wish to pay my pledge in equal installments. Please schedule my payments as follows: \$\_\_\_\_\_\_Date: \_\_\_\_\_\_ Please notify the following individual/family of my gift: \$\_\_\_\_\_\_Date: \_\_\_\_\_\_ \$ Date: Street: \_\_\_\_\_Date: \_\_\_\_\_ City:\_\_\_\_\_\_State:\_\_\_\_ZIP:\_\_\_\_\_ \$\_\_\_\_\_Date: \_\_\_\_\_ П I prefer this gift/pledge remain anonymous **Stock Gift**. I wish to fulfill my gift with stocks. To initiate a gift in the form of a stock transfer, please contact: CWRU Advancement Services at 216.368.8552 or **Special Instructions:** stockgifts@case.edu

## Please mail or email this form to:

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

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

information.