



**DONOR INFORMATION FORM**

**DONOR INFORMATION**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email \_\_\_\_\_ Contact Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**GIFT INFORMATION**

Gift Level: Gold \_\_\_\_\_ Silver \_\_\_\_\_ Bronze \_\_\_\_\_ Alumnae \_\_\_\_\_

Donation Amt. \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Flat Donation \_\_\_\_\_

Payment by: Check \_\_\_\_\_ or Credit Card \_\_\_\_\_ (Please contact Terri Baiocco  
In the business office for credit card transaction 610-869-6290)

**\*\*Please retain a copy of your check as record of your donation for tax purposes**

**CREDIT CARD INFORMATION (please note there will be a \$2.00 processing fee)**