



Colby·Sawyer
College

Colby-Sawyer Fund Gift Form

Name _____

Affiliation: Alumni, Class Year _____ Friend Parent Faculty/Staff

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

E-mail address _____

Method of Gift Payment

Check: Enclosed is my gift of \$ _____

Credit Card:

Please charge my gift of \$ _____ to my VISA MasterCard AmEx Discover

Credit Card # _____ - _____ - _____ Expiration Date _____

Cardholder Name _____

Pledge: I pledge \$ _____ payable by June 30

Colby-Sawyer Fund Gifts

Please allocate my gift as follows (please check one):

- Where the need is greatest Scholarships Teaching and learning Athletics
 Student life Campus maintenance and beautification

Additional Information

- This gift is in honor of _____ This gift is in memory of _____
 My company has a matching gift program that I intend to utilize.

Please print and complete this form, and mail to:

Colby-Sawyer College, Office of Alumni Relations & Annual Giving, 541 Main Street, New London, NH 03257
Fax to 603-526-3780