



Colby Sawyer  
College

## Colby-Sawyer Fund Installment Gift Form

Name \_\_\_\_\_ Class Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### I wish to make the following gift to the Colby-Sawyer Fund:

- A deduction of \$\_\_\_\_\_ per month for a total gift of \$\_\_\_\_\_
- A deduction of \$\_\_\_\_\_ per month until this end date: \_\_\_\_\_
- An ongoing deduction of \$\_\_\_\_\_ per month until I submit a change

My deductions will begin on \_\_\_\_\_  
(month/year)

### Please designate my gift for:

- |  |   |
|--|---|
| <input type="checkbox"/> Unrestricted                          | <input type="checkbox"/> Faculty and Staff Enrichment |
| <input type="checkbox"/> Teaching and Learning                 | <input type="checkbox"/> Technology                   |
| <input type="checkbox"/> Scholarships                          | <input type="checkbox"/> Presidential Initiatives     |
| <input type="checkbox"/> Student Life                          | <input type="checkbox"/> Athletics _____ (team)       |
| <input type="checkbox"/> Campus Sustainability                 | <input type="checkbox"/> Chargers Club                |
| <input type="checkbox"/> Campus Maintenance and Beautification | <input type="checkbox"/> Friends of the Library       |

### Charge this deduction to my:

Visa  Mastercard  American Express  Discover

Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card (if different than above) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail completed form to:

Advancement Office, Colby-Sawyer College, 541 Main Street, New London, NH 03257