

## **Donation Form**

Enhance the Edinboro Experience with your contribution to our university, its students and the campus community. Gifts to the annual fund are used where the need is greatest. Your generosity will support student activities, academic programs, library resources, athletics, campus revitalization, and more.

Personal Information		
(Please fill in the required * inform	ation)	
Company		
*Name		
*Street Address		
*City*	State (US residents only) State/Pro	vince (Non-US residents only)
*Country	* Zip/Postal Code	
*Home Phone ( )	Cell Phone ( )	
Email Address		
Billing Info (If wing a Cred	<i>it Card)</i> - Check here □ if same as above	
• • •		
(Please fill in the required * info *Norma		
	(US residents only) State/Provinc	
	*State (US residents only) State/Province (Non-US residents only) * Zip/Postal Code	
Country		
Designate My Gift To:		
Academic Scholarships	Student Hardship Fund	Unrestricted (Wherever the need is greatest)
Athletics	□ Title IX	Other:
		If Other, please write name of event or fund above
		and indicate if $\Box$ In Memory or $\Box$ In Honor
Amount of Contribution	1	
\$		
I Am		
□ Alumnus	Current Student	□ Parent
☐ Friend of the University	Current Faculty/Staff	Grower Faculty/Staff
Payment by Credit Card		
Credit Card Type	Credit Card Number	
Expiration Date		
Card Code ( hree Digit Number o	n Back of Card)	
Payment by Check - Plea	se make check payable to Edinboro Unive	ersity Foundation and mail to:
University Advancement		
Sinversity nuvancement		

PennWest University Alumni House 210 Meadville Street Edinboro PA, 16444