



## 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 \* information)*

Company \_\_\_\_\_

\*Name \_\_\_\_\_

\*Street Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State (US residents only) \_\_\_\_\_ State/Province (Non-US residents only) \_\_\_\_\_

\*Country \_\_\_\_\_ \* Zip/Postal Code \_\_\_\_\_

\*Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

### Billing Info *(If using a Credit Card)* - Check here if same as above

*(Please fill in the required \* information)*

\*Name \_\_\_\_\_

\*Street Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State (US residents only) \_\_\_\_\_ State/Province (Non-US residents only) \_\_\_\_\_

\*Country \_\_\_\_\_ \* Zip/Postal Code \_\_\_\_\_

### Designate My Gift To:

Honors Program

Women's Philanthropy

Unrestricted (Wherever the need is greatest)

Academic Scholarships

HIPS (High Impact Practices)  
ex. Study Abroad & Research

Other: \_\_\_\_\_

Athletics

If Other, please write name of event or fund above  
and indicate if  In Memory or  In Honor

### Amount of Contribution

\$ \_\_\_\_\_

### I Am

Alumnus

Current Student

Parent

Friend of the University

Current Faculty/Staff

Former Faculty/Staff

### Payment by Credit Card

Credit Card Type \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Code *(Three Digit Number on Back of Card)* \_\_\_\_\_

### Payment by Check - Please make check payable to Edinboro University and mail to:

Advancement Office  
Edinboro University  
Alumni House  
210 Meadville Street  
Edinboro PA, 16444