



SYRACUSE UNIVERSITY CHICAGO GIVING

Yes, I want to support Syracuse University with my gift of:

☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$144 ☐ Other \$_____

☐ I have enclosed a check or money order made payable to Syracuse University.

☐ Please charge my credit card:



Name of cardholder as it appears on card

Signature

Card number

Expiration date

Please allocate my gift to:

\$ _____ Annual Fund \$ _____ Chicago Orange Fund

\$ _____ Scholarships \$ _____ Other _____

\$ _____ School/College _____

My gift is ☐ In honor of ☐ In memory of _____

A matching gift will come from:

☐ My employer ☐ My spouse's employer _____

Company Name

Matching gift form: ☐ Is enclosed ☐ Will be submitted separately

Donor information:

Name _____
First Middle initial Last Maiden

School/College _____ Class Year _____

Street _____

City, State, Zip _____

Phone (_____) _____ — _____ E-mail _____

Mail your gift to:

Office of Development—Chicago Region
Syracuse University
820 Comstock Avenue, Suite 100
Syracuse, New York 13244-5040

Questions?

E-mail giving@syr.edu or call 877.2GROWSU (247.6978).