

## **STUDENT GIFT FORM**

NAME	(First)	(MI)	(Last)	
CAMPUS	ADDRESS			
CAMPUS	PHONE			
PREFERRE	ED E-MAIL			

6	
6	YOUR GIFT Amount: \$
	Please check the area to which you would like your gift directed.
	☐ Club/Student Organization Name
B	METHOD OF PAYMENT Choose one from the options below.
B	METHOD OF PAYMENT Choose one from the options below.  OPTION A – GIFT
B	
B	OPTION A – GIFT