



GIFT FORM

Yes, I'd like to support the Responsible Endowments Coalition!

Thank you for your contribution to the Responsible Endowments Coalition. Every donation makes a difference, helping us reach more students on more campuses across the nation!

Please fill out this form completely and fax or mail it to:

Responsible Endowments Coalition / P.O. Box 2292 / Philadelphia, PA 19103 / Fax: (215) 567-5791

First Name: _____
Last Name: _____
Street Address: _____
City: _____
State/Province: _____
Country: _____
Daytime Phone: _____
Evening Phone: _____
Email: _____
Alma Mater: _____

May we contact you via email regarding your gift? Yes No
Would you like to receive our bi-monthly e-newsletter? Yes No

ONE TIME GIFT (check one):

- \$100 \$500
 \$250 \$1,000
 Other _____

Payment Information:

Enclosed is a check for \$ _____
(Made out to Responsible Endowments Coalition)

Charge my (circle one): Visa / MasterCard / AMEX

MONTHLY GIFT (check one):

- \$10/month \$20/month
 \$50/month Other _____/month

(Please pay by credit card for monthly gifts)

Card _____

Exp Date: _____

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Signature: _____