

YOUR SUPPORT IS GREATLY APPRECIATED

Personal Information (please print)		
Name		Home phone
Address		Office phone
City	State	Zip
Email		
Gift Information		
YES, I (WE) WILL SUPPORT SUNY POTSDAM. PLEASE USE MY (OUR) GIFT FOR: ☐ The Annual Fund for Potsdam ☐ Other		I PLEDGE MY GIFT(S) TO THE ANNUAL FUND FOR POTSDAM:
MY GIFT WILL BE: \$		\$ College's Greatest Needs
MY METHOD OF GIFT PAYMENT:		\$The School of Arts & Sciences
☐ My check made payable to Potsdam College Foundation, Inc., 44 Pierrepont Ave., Figure 2 Charge: ☐ MasterCard ☐ Visa ☐ Discover ☐ Name on Card (please print)	Potsdam, NY 13676 Please American Express Card # EXP. DATE SECURI	\$The School of Education & Professional Studies \$Student Affairs \$College Libraries
Signature		\$Athletics
□ I authorize Potsdam College Foundation to charge installments for months.		3 Allilual Studelit dilt
☐ I am enclosing a matching gift form.	COMPANY NAME	
Find out if your employer matches gifts: www.potsdar		THANK YOU FOR YOUR GENEROSITY!
Please help us to update your records		
Name		Phone # Class Year
Employer Name & Address		
Title		
Education: Additional Degree(s)		
College/University		
Marital Status Spouse Name		
Spouse Employer Name & Address		
Spouse Title		
Children: Name		
Name		
Name	Birthdate	Gender