



Yes, I want to participate in the 2018 Why I Give Campaign!

ENCLOSED IS MY GIFT OF: \$_____

PLEASE DIRECT MY SUPPORT TO:

You can split your gift and support multiple funds

\$_____ University Priorities (unrestricted)

\$_____ President's Strategic Initiative Fund

\$_____ Alumni Impact Scholarship

\$_____ The Academy of Natural Sciences

\$_____ School/ College/ Other:_____

I am an employee of:

The Academy of Natural Sciences

Drexel University

Drexel University College of Medicine

First Name Last Name Employee ID #

Drexel Phone # Drexel Email

Home Address City State ZIP

PAYMENT OPTIONS:

My check is enclosed, made payable to Drexel University

Charge my credit card:

Name (as it appears on the card) Card Account Number EXP Date CCV Number

Please mail completed forms to:

Drexel University
PO Box 8215
Philadelphia, PA 19101-9684