

Please mail your gift to:



**Drexel
Fund**

P.O. BOX 8215
PHILADELPHIA, PA 19101-9684

Gift and Pledge Form

I would like to contribute to Drexel in the amount of:

\$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other: \$_____

I would like to make a pledge in the amount of: \$_____, paid in increments of \$_____ per month/ year.

Please direct my gift to:

Unrestricted School/College: _____

Scholarships Other: _____

My check, made payable to *Drexel University*, is enclosed.

I'd like to make a recurring gift. Please charge my credit card \$_____ a month for _____ months.

Visa MasterCard AMEX Discover

I included Drexel in my will.

Name: _____

(FOR ACKNOWLEDGMENT OF THIS GIFT)

Address: _____

City: State/Zip: _____

Email: _____

Signature(s) _____

(IF MAKING A PLEDGE)

Many employers will match charitable contributions. Visit matchinggifts.com/drexel or check with your employer to see if you qualify.

Questions? Email drexelfund@drexel.edu or call 215.895.2612.

CARDHOLDER'S NAME

BILLING ADDRESS (if different than mailing address above)

CITY

STATE

ZIP CODE

CARD ACCOUNT NUMBER

EXP. DATE

CCV NUMBER

SIGNATURE