

DONATION FORM

DONOR INFORMATION

Date: _____

First Name: _____

Last Name: _____

Company (if applicable): _____

Address: _____ Apt./Fl./ Suite: _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone number: _____

YC Alumn(us/a) Graduation Year: _____

YC Current Employee Department: _____

GIFT DESIGNATION

- The Fund for York (Area of greatest need) School of Business & Informational Systems
- No Scholar Left Behind (General Scholarship) School of Arts & Sciences
- School of Health Sciences & Professional Programs Other: _____

To establish a new scholarship, endowment, memorial fund, or programmatic fund, please call the Institutional Advancement office at (718)262-3810.

TRIBUTE/MEMORIAL GIFT

In honor of (or) in memory of: _____

Please send letter of acknowledgement to: _____

Address: _____

PAYMENT TYPE

Cash Check payable to York College Fndn.

Credit Card: Visa MasterCard American Express Discover

Card Number: _____

Expiration Date (MM/YY): _____ Security Code (4 digits for AMEX): _____

X _____
Sign with name as it appears on your card for authorization

To donate appreciated securities, please contact Shereitte C. Stokes III, ACFRE at (718)262-5191.

MATCHING GIFTS

You may be able to double or even triple the impact of your contribution by taking advantage of your employer's matching gift program. Enclosed is my corporate matching gift application

Send me information on:

- How I can include York College in my will
- Charitable gift annuity program