

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

- | | |
|--|---|
| <input type="checkbox"/> The Fund for York (Area of greatest need) | <input type="checkbox"/> School of Business & Informational Systems |
| <input type="checkbox"/> General Scholarships | <input type="checkbox"/> School of Arts & Sciences |
| <input type="checkbox"/> School of Health & Behavioral Sciences | <input type="checkbox"/> 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