

# Giving to Albion College

Please complete this form and return it to:

Albion College  
Office of Institutional Advancement  
611 E. Porter Street  
Albion, MI 49224

Enclosed is a gift of \$ \_\_\_\_\_.

(Please make checks payable to **Albion College**)

Unrestricted       Other designation: \_\_\_\_\_

This gift is by credit card.     Visa       MasterCard       Discover

In the amount of: \$ \_\_\_\_\_ Card Number: \_\_\_\_\_

CVV Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
3-digit number on back of card

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Please print

Name(s): \_\_\_\_\_ Class Year(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

This gift will be matched by my/our employer(s). Employer: \_\_\_\_\_

Find out if your employer will match your gift at: [www.albion.edu/matchinggifts](http://www.albion.edu/matchinggifts).

This gift is made in:     memory     honor     celebration of \_\_\_\_\_

Please send a note to:\*

Name(s): \_\_\_\_\_ Class Year(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* The note will not reveal the amount of the gift.