

TELL US WHO YOU

Dr./Ms.
Mrs./Mr. **You**

Dr./Ms. First Middle Last
Mrs./Mr. **Spouse/partner**

First Middle Last

Home address

City State Zip

Home phone E-mail

Department

Employee ID# Campus e-mail

Campus Phone

I attended Union from ____ to ____.

I graduated from Union in ____.

DESIGNATE YOUR

I would like my gift to support:

- The Annual Fund: Unrestricted (where the need is greatest)
- Other: _____

MAKE YOUR

Payroll Deduction

- I authorize Union College to deduct \$ _____ per pay period, effective with the next pay period and continuing until I request otherwise.
- I authorize Union College to increase my gift amount to \$ _____ per pay period, effective with the next pay period and continuing until I request otherwise.
- I authorize Union College to deduct \$ _____ from the next ____ pay periods.

Credit card

- One time gift of \$ _____.
- Monthly gift of \$ _____ per month for _____ months.
- American Express Discover MasterCard Visa

Card number _____ Exp. Date _____ CVN _____

Name (as it appears on credit card) _____

Billing address (if different than home address above) _____

City State Zip

Check

- I am enclosing a check, payable to Union College for \$ _____.

Signature: _____

Date: _____

Questions?

Please Contact:
The Annual Fund
theannualfund@union.edu
518.388.6175

Please return to: The Union Campus Campaign

Annual Giving
Abbe Hall
Union College
807 Union Street
Schenectady, NY 12308

THANK YOU!