



Christ-centered Education that Transforms

Office of Advancement

1125 E 8th Street
York, NE 68467

(800) 950-YORK
(402) 363-5660

www.york.edu

GIFT AND PLEDGE FORM

SECTION I: DONOR INFORMATION (please print)

Name _____ Class year _____
Spouse _____ Class year _____
Address _____ Daytime phone _____ Home Work
City _____ State ____ ZIP _____ Evening phone _____ Home Work
Email address _____

SECTION II: GIFT ALLOCATION

<input type="checkbox"/> York University Scholarship Fund	\$ _____
<input type="checkbox"/> Bible Scholarships	\$ _____
<input type="checkbox"/> Panther Booster Club (athletics)	\$ _____
<input type="checkbox"/> Where needed most	\$ _____
<input type="checkbox"/> _____	\$ _____
TOTAL	\$ _____

I would like for someone from the university to contact me.

SECTION III: I'M CONTRIBUTING BY...

<input type="checkbox"/> Check enclosed	\$ _____
<input type="checkbox"/> Money Order enclosed	\$ _____

Made payable to York University

CREDIT CARD INFORMATION

Name _____
AS IT APPEARS ON CARD

VISA MasterCard Discover

TOTAL \$ _____

Credit Card Billing Address _____
CITY STATE ZIP

Card No. _____ Exp. Date _____

Signature _____ Security code on card _____

NOTE: The location of the security code varies based on the type of card. Please note if your code is illegible. On back of card, a series of numbers is printed in or near the signature area. The security code is the last three- or four-digit cluster of numbers.

PLEDGE

I would like to honor my pledge commitment in equal installments of \$ _____ each, beginning on _____.

Please remind me each:

Month Quarter Other _____

I would like to honor my pledge commitment in a single payment on _____. Please send me a pledge reminder prior to that date.

I want a convenient means to give to York University! I'm fulfilling my pledge through an automatic payment by bank draft or electronic fund transfer (automated clearing house). My form is enclosed (find the form at www.york.edu/ways-to-give).

SECTION IV: SPECIAL INSTRUCTIONS

I work/My spouse works for a Matching Gift Company. _____
COMPANY NAME
(Forms available through employer)

HONOR/MEMORIAL GIFT

This gift is: In honor of In memory of
Name _____

Please notify: Name _____
Address _____
City _____ State _____ Zip _____

OTHER SPECIAL INSTRUCTIONS

MAIL TO:

YORK UNIVERSITY
Advancement Office
1125 E 8th Street
York, NE 68467

Questions? Contact the York University Advancement Office at 402-363-5664 or by email to jastark@york.edu