THE CONTRIBUTION FORM

Please print this form and mail it to the address listed below.

Name: ____________________________

School: ____________________________ Year: ____________

School: ____________________________ Year: ____________

School: ____________________________ Year: ____________

Street: ____________________________

City: ____________________________ State: ____________ Zip: ____________

Day Phone: (_________) ____________

PLEASE DESIGNATE MY GIFT/PLEDGE AS FOLLOWS
(Please check all that apply)

☐ Annual Fund:
   ☐ College of Arts and Sciences $ ____________
   ☐ Dentistry $ ____________
   ☐ Medicine $ ____________
   ☐ Case School of Engineering $ ____________
   ☐ Nursing $ ____________
   ☐ MSASS $ ____________
   ☐ School of Law $ ____________
   ☐ Management $ ____________
   ☐ Graduate Studies $ ____________
   ☐ Undergraduate Parents Fund: $ ____________

☐ Other Program or Designation:
   Please designate my gift of $ ____________ to:

☐ Memorial Gift:
   This gift is in memory or honor of:

☐ Please notify the following individual of my gift:
   Name: ____________________________
   Street Address: ____________________________
   City: ____________________________ State: ____________ Zip: ____________

☐ I prefer this gift/pledge remain anonymous.

SPECIAL INSTRUCTIONS:

METHOD OF PAYMENT

☐ A Pledge:

I prefer to make a pledge. Amount to be paid in equal installments on the following schedule:

$ ____________ Date: ____________

$ ____________ Date: ____________

$ ____________ Date: ____________

$ ____________ Date: ____________

☐ One-time Check, Credit Card or Cash Gift:

I would like to contribute $ ____________ to Case Western Reserve University as designated below.

☐ Check

☐ Cash

☐ Credit Card:

Name (on credit card):

Account Number:

Expiration Date:

Signature:

☐ E-Z Giving (electronic fund transfers):

Please enroll me in the E-Z Giving Program. I authorize my bank or credit card to make continuous monthly payments of $ ____________ ($10 minimum/month) by the method indicated below on the 1st or 15th of each month, until I notify CWRU otherwise.

☐ Credit Card Option:
   First payment check is not necessary

Name (on credit card):

Account Number:

Expiration Date:

Signature:

☐ Checking Account:
   Enclosed is my check for the first month.

DOUBLE YOUR GIFT

If you or your spouse work for a matching gift company, please obtain and initiate the necessary form(s).

☐ I would like to include my school in my will; please send information.

Send this form to:
Case Western Reserve University • 10950 Euclid Avenue, #212 • Cleveland, Ohio 44106-7035 • 800-690-ALUM fax: 216-368-4619
Thank you for your support of Case Western Reserve University!