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Thank you for your support!

METHOD OF PAYMENT

- □ Check: (Made payable to Case Western Reserve University)
- □ Credit Card:



CVV:

Name as it appears on credit card:

Account Number:

Expiration Date:

Signature:

E-Z Giving (electronic fund transfers):

Ι	authorize mybank orcredit card to make
CO	ntinuous monthly payments of \$(\$10
	inimum/month) by the method indicated below on the
	1 st or15 th of each month until I notify Case Western
	Reserve University otherwise.
	Checking Account:
	Enclosed is my check for the first month.
	□ Credit Card Option (Please fill credit card information
	above.)
п	A Pledge. I wish to make a pledge of \$
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□ Stock Gift. I wish to fulfill my gift with stocks. To initiate a gift in the form of a stock transfer, please call the Office of Investments: 1.800.315.3863.

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 or Fax this Form To: Office of Advancement Services Case Western Reserve University 11000 Cedar Avenue, Room 300 Cleveland, OH 44106-7035 1.800.690.ALUM • Fax: 216.368.4619