



CASE WESTERN RESERVE UNIVERSITY

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

Name: _____

School(s): _____ Year(s): _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

PLEASE DESIGNATE MY GIFT/PLEDGE AS FOLLOWS

☐ Annual Fund:

\$_____ The College of Arts and Sciences Annual Fund

\$_____ Case School of Engineering

\$_____ School of Dental Medicine

\$_____ School of Law

\$_____ Weatherhead School of Management

\$_____ School of Medicine

\$_____ Frances Payne Bolton School of Nursing

\$_____ Mandel School of Applied Social Sciences

\$_____ Spartan Athletics Fund

\$_____ Kelvin Smith Library Fund

\$_____ Parents and Family Fund

\$_____ President's Strategic Initiative Fund

\$_____ Undergraduate Shared Scholarship 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/family of my gift:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

☐ I prefer this gift/pledge remain anonymous

SPECIAL INSTRUCTIONS:

Thank you for your support!

METHOD OF PAYMENT

☐ Check: (Made to Case Western Reserve University)

☐ Credit Card: **Do not send credit card information via email*

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Name as it appears on card: _____

Account Number: _____

Expiration Date: _____ CVV: _____

Signature: _____

☐ E-Z Giving (electronic fund transfers):

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 Case Western Reserve University otherwise.

☐ Checking Account:

Enclosed is my check for the first month.

☐ Credit Card:

Please fill credit card information above.

☐ Pledge:

I wish to make a pledge of \$ _____

I wish to pay my pledge in equal installments.

Please schedule my payments as follows:

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

\$ _____ Date: _____

☐ 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 at **216.368.6933** or email **stockgifts@case.edu** for questions.

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 more information.

Send Form To:

Office of Advancement Services

CedarTech Building, 10900 Euclid Avenue, Suite 314

Cleveland, OH 44106-7035

1.800.690.ALUM | giving@case.edu

UMC_5871-01_2025