

## DONATION FORM

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### DONOR INFORMATION

Date: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Company (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_ Apt./Fl./ Suite: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

YC Alumn(us/a) Graduation Year: \_\_\_\_\_  
 YC Current Employee Department: \_\_\_\_\_

### GIFT DESIGNATION

- The Fund for York (Area of greatest need)  School of Business & Informational Systems  
 No Scholar Left Behind (General Scholarship)  School of Arts & Sciences  
 School of Health Sciences & Professional Programs  Other: \_\_\_\_\_

**To establish a new scholarship, endowment, memorial fund, or programmatic fund, please call the Institutional Advancement office at (718)262-3810.**

### TRIBUTE/MEMORIAL GIFT

In honor of (or)  in memory of: \_\_\_\_\_  
Please send letter of acknowledgement to: \_\_\_\_\_  
Address: \_\_\_\_\_

### PAYMENT TYPE

Cash  Check payable to York College Fndn.  
Credit Card:  Visa  MasterCard  American Express  Discover  
**Card Number:** \_\_\_\_\_  
Expiration Date (MM/YY): \_\_\_\_\_ Security Code (4 digits for AMEX): \_\_\_\_\_

X \_\_\_\_\_  
*Sign with name as it appears on your card for authorization*

**To donate appreciated securities, please contact Dana Trimboli at (718)262-4722.**

### MATCHING GIFTS

You may be able to double or even triple the impact of your contribution by taking advantage of your employer's matching gift program.  Enclosed is my corporate matching gift application

#### Send me information on:

- How I can include York College in my will  
 Charitable gift annuity program