

D'YOUVILLE

Yes, I would like to make a gift to D'Youville College!

Name: _____

Signature: _____ (Required) Date: _____

This gift is: **Unrestricted to the Loyalty Fund**

OR **Restricted to:** _____

Please choose one of the following methods of payment:

Payroll Deduction Please deduct a total of \$_____ from my bi-weekly paycheck (26 pay periods). Start with check dated _____ and extend payments over _____ year(s) for a total gift amount of \$_____.

OR I authorize a payroll deduction gift of \$_____ per pay period until I notify the Institutional Advancement Office to change or terminate this deduction.

Direct Payment Enclosed please find a payment of \$_____.

I Pledge _____ my donation will be mailed by _____. (*Must be paid by May 31 for current fiscal year.*)

Please send reminders: Monthly Quarterly Semi-annually

OR Please charge my credit card in _____ monthly installments on _____ day every month until pledge is paid.

Credit Card* Please charge my credit card in the amount of \$_____.

Credit card #: _____

Exp. date: ____/____/____ Visa MasterCard American Express

*Credit card information may be given over the phone if desired. Please call 716-829-8485

Please return to the Office of Annual Giving, 631 Niagara Street

Attention: Mike Volpe

Please feel free to contact me at 829-8458 or by email volpem@dyc.edu for any questions.

***Thank you for your generous support and enthusiasm!
Your gift helps D'Youville College continue its tradition of providing a quality
education since 1908.***

(For office use only)

Fund Code _____ Payroll Code _____

Pay Date _____ Initials _____ Staff