

*Please print all information.*  
 After completing the appropriate sections of this form, please mail to:

Development Office Millersville University  
 P.O. Box 1002  
 Millersville, PA 17551-0302  
 717-871-7520

**PERSONAL INFORMATION** \* required information

Title \_\_\_\_\_ First Name\* \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name\* \_\_\_\_\_ MU Class Year \_\_\_\_\_

Spouse's Full Name \_\_\_\_\_ Spouse Class Year, if MU alum \_\_\_\_\_

Check **any** that apply:       Alumnus/a       Friend       Faculty       Staff       Millersville Retiree  
 Current Student       Proud Parent of \_\_\_\_\_

Home Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

E-mail\* \_\_\_\_\_ Phone\* \_\_\_\_\_

**GIFT INFORMATION**

I'd like to make a gift. I will pay by check or credit card.       I'd like to make a payment on an existing pledge.  
 I'd like to make a pledge. A reminder will be sent to you.

Gift Amount: \$ \_\_\_\_\_ Existing Pledge Payment Amount: \$ \_\_\_\_\_

Total New Pledge Amount: \$ \_\_\_\_\_

An initial payment of \$ \_\_\_\_\_ (enclosed)

Pledge Period:     This fiscal year     2 years     3 years     4 years     5 years  
 Send me reminders:     Monthly     Quarterly     Annually for 5 years

Name as you wish it to appear in the Annual Report of Gifts: \_\_\_\_\_

**How I want my gift used (select one):**  
 Impact Fund  
 Athletics  
 American Dream Scholarship  
 Ware/Winter Center  
 Other

Other instructions (e.g. indicate if your gift is in honor or memory of someone or for a specific fund or purpose): \_\_\_\_\_

**PAYMENT INFORMATION**

**Personal Check** (make payable to *Millersville University*\*\*)  
 \*\*If your gift is for endowment, please make checks payable to *MU Foundation*.

**Credit Card:**     Visa     MasterCard     Discover     American Express

Card Number: \_\_\_\_\_  
 Card Exp: \_\_\_\_\_ CVC Code: \_\_\_\_\_  
 Name as it appears on credit card: \_\_\_\_\_

Does your/your spouse's employer participate in a matching gift program?  
 No     Yes — If yes, please indicate:  My Company     Spouse Company

Company Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

**Employer Matching Gift Program**

**You could double or even triple your gift without cost to you!**

If you or your spouse work for a company with a matching gift program, obtain a matching gift form from your human resources department and mail the completed form with your gift.