

DONATION FORM

I (we) want to support Ursinus with a gift of \$					Anonymous Gift? □
PAYMI	ENT OPTIONS:				
	Check payable to: Ursinus College				
	Pledge Amount: \$		over	_	years (max 5)
	Installment Schedule:				
	☐ Annually		Quarterly		☐ Please send me a reminder
	☐ Semi-Annually		Monthly		
	Installment Amount: \$				Start Date:
 Recurring Gift or Credit Card (PayPal, Venmo, Apple Pay also accepted online only): call 610-409-3585 or online at www.ursinus.edu/makegift 					
GIFT I	DESIGNATION:				
	Ursinus Fund]	President's Priorities Fund
	(Area of Greatest Need)]	Friends of Music
	Annual Scholarship				Friends of Myrin Library
	Bears Athletics Club]	Student/Faculty Research
	Bear2Bear Student Emergency Fund				Student Life Programming
	Friends of the Berman Museum]	Other Designation:
Dono	or Information: (please type/prin	nt)			
Name:					Class Year:
Email:	Phone (home/cell):				
Home .	Address:				
City: _		_	State:		Zip:
Signatı	ure:				Date:

Please complete and return via email to mrobbins@ursinus.edu
or mail to the address below:

Ursinus College Advancement Office 601 E. Main Street Collegeville, PA 19426