

DONATION FORM

I (we) want to support Ursinus with a gift of \$ _____

Anonymous Gift?

DONOR INFORMATION: (please type/print)

Name: _____ Class Year: _____

Email: _____ Phone (home/cell): _____

Home Address: _____

City: _____ State: _____ Zip: _____

PAYMENT 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 DESIGNATION:

Ursinus Fund

(Area of Greatest Need)

Annual Scholarship

Bears Athletics Club

President's Priorities Fund

Career and Postgraduate Development

Health and Wellness

Other Designation:

SIGNATURE: _____

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