



MarymountManhattan

a college of the liberal arts

Donation Form

Fax this form to: (212) 517-0465

Mail this form to: **Office of Institutional Advancement/Gifts**
Marymount Manhattan College
221 East 71st Street
New York, NY 10021

Name: _____

Address: _____

Phone: _____ E-mail: _____

I am a: Graduating Senior, Year _____ (Senior Class Gift)
 Alumni, Class Year: _____ Trustee Friend Parent of: _____

I wish to give a gift of:

\$ _____ -Or- I pledge \$ _____, payable by June 30, 2008.

Please send me a reminder: Monthly Quarterly

I wish to make an annual donation of:

- | | |
|--|--|
| <input type="checkbox"/> Leadership Circle \$50,000+ | <input type="checkbox"/> President's Circle \$2,500+ |
| <input type="checkbox"/> Benefactors \$25,000+ | <input type="checkbox"/> MMC Partners \$1,000+ |
| <input type="checkbox"/> Patrons \$10,000+ | <input type="checkbox"/> Associates \$500+ |
| <input type="checkbox"/> Sponsors \$5,000+ | <input type="checkbox"/> Supporters \$100+ |

Method of Payment:

- Check (made payable to "Marymount Manhattan College") Credit Card
 Visa MasterCard American Express | Amount to be charged \$ _____

Credit Card # _____ Exp: _____

Signature: _____ Date: _____

- I am considering Marymount Manhattan College as a beneficiary in my will or insurance policy. Please provide me with information.
- I am eligible for a Matching Gift, I have included or will send the proper form.
- My spouse is eligible for a Matching Gift, I have included or will send the proper form.
- I am interested in giving a stock gift, please send me more information.

