

*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

### 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 <b>any</b> that apply:		<input type="checkbox"/> Alumnus/a	<input type="checkbox"/> Friend	<input type="checkbox"/> Faculty
		<input type="checkbox"/> Current Student	<input type="checkbox"/> Staff	<input type="checkbox"/> Millersville Retiree
		<input type="checkbox"/> 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):**

<b>CURRENT USE</b> <input type="radio"/> Where needed most <input type="radio"/> General Scholarships <input type="radio"/> Programs <input type="radio"/> Library & Technology	<b>ENDOWMENT</b> <input type="radio"/> Where needed most <input type="radio"/> Scholarships <input type="radio"/> Equipment <input type="radio"/> Programs	<b>FACILITIES</b> <input type="radio"/> Where needed most <input type="radio"/> Education Building <input type="radio"/> Athletic Facilities
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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

Card Number: \_\_\_\_\_

Card Exp: (month) \_\_\_\_\_ (year) \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Signature \_\_\_\_\_

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.