

I WANT TO SUPPORT THE UMASS DARTMOUTH ANNUAL FUND.

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Please use my gift for: Area of Greatest Need Other: _____**Giving Options:** **Sign me up for the Cornerstone Club!**

I authorize a monthly charge of \$_____ to my debit or credit card.

Your authorization to charge a recurring monthly gift will remain in effect until you notify the Advancement Office by mail or phone. You can increase, decrease, or suspend your contribution at any time by simply calling 508-999-8200. **One-time gift**

Enclosed is my one-time donation of \$_____

Payment Options: Check (make payable to UMDF/Annual Fund) Credit or Debit Card

____ Visa ____ Master Card ____ American Express ____ Discover

Name on Card (please print)

Account #

Exp. Date

Signature:

Signature

Date

If you prefer to not send your credit card info by mail, you can make your gift online at www.umassd.edu/giving or by calling the Advancement Office at 508-999-8200.

Thank you!

Advancement Office, Foster Administration Building, Room 321