



CONTACT: FULL NAME: \_\_\_\_\_
BILLING ADDRESS: \_\_\_\_\_
CITY/STATE/ZIP: \_\_\_\_\_
EMAIL: \_\_\_\_\_
PHONE: \_\_\_\_\_

RELATIONSHIP: FAMILY, ALUM, FRIEND, PARENT, ATHLETE

ONE TIME GIFT AMOUNT: [input box]

MULTI-YEAR PLEDGE TOTAL: \_\_\_\_\_
LENGTH OF PLEDGE (UP TO 3 YEARS): \_\_\_\_\_ (SUGGESTED: \$250 OR MORE/YR)
FREQUENCY OF PAYMENTS: ANNUALLY, SEMI-ANNUALLY, QUARTERLY, MONTHLY
FIRST PAYMENT DATE: \_\_\_\_\_
FIRST PAYMENT AMOUNT: \_\_\_\_\_
PLEASE USE MY GIFT TOWARDS: \_\_\_\_\_

Unless indicated above, your gift will support NYSEF's greatest needs through the NYSEF Fund.

MY GIFT IS ELIGIBLE FOR MATCHING FROM: \_\_\_\_\_

NOT SURE, PLEASE CHECK WITH MY EMPLOYER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PAYMENT METHOD (FOR ONE-TIME GIFT OR FIRST PLEDGE):

\_\_\_ CHECK TO NYSEF

\_\_\_ CREDIT/DEBIT CARD OR VISIT NYSEF.ORG/DONATE OR CALL 518.946.7001

TYPE OF CARD: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ MM/YY: \_\_\_\_\_

3 DIGIT CODE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\_\_\_ PLEASE DO MY ANNUAL/SEMI-ANNUAL/QUARTERLY/ MONTHLY DIRECT DEPOSIT WITH THE ABOVE CARD INFORMATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

To learn about making a planned gift or making a gift of securities contact Danielle at daniellel@nysef.org.

THANK YOU!

Mail completed form to: PO BOX 300, Wilmington, NY, 12997

Email completed form to: daniellel@nysef.org.