

ANNUAL GIFT FORM

www.clemson.edu/giving • 864-656-5896 • PO Box 1889, Clemson, SC 29633-1889

Enclosed is my Clemson Forever Fund gift for the following amount:

\$ _____ Date _____

Please restrict this gift to support the priorities of:

- Where the need is the greatest this year**
- Scholarships
- Fellowships _____
- Faculty Support
- College/Department _____
- Libraries
- Other _____

To use VISA, MasterCard or American Express to make your annual gift, please also complete the bottom of this form.

Our fiscal year is July 1 - June 30.
Please make check payable to: Clemson Forever Fund.

You may automatically make your gift on an annual, biannual, quarterly or monthly basis through bank draft and credit card debit.

Call 864-656-5896 for authorization forms or go to www.clemson.edu/giving/how.

Thank you for your gift to Clemson Forever Fund.

For proper processing and recording of your gifts, please include the following information:

Name (please print) _____ CU class _____

Spouse _____ CU class _____

Address _____ Preferred phone _____

City _____ State _____ ZIP _____

Company _____ E-mail Address _____

Position (job) _____

- I have enclosed my company's matching gifts form.
- I would like to catch up ___ years of giving at \$10 per year. (You can e-mail cufund-L@clemson.edu or call 864-656-5896 to check your consecutive gift record.)
- Contact me about making a leadership gift to Clemson.
- I have made provisions or
- I would like to make provisions for Clemson in my estate plan.

To help support Clemson's efforts to increase private gifts, 5 percent of each gift made to most non-endowment funds will be reinvested.



You can also go to our website — www.clemson.edu/giving — to make a secure online gift using VISA, MasterCard or American Express.

Use this form to make your gift to Clemson University through your charge account.



Date _____

Gift Total \$

- Check One: **VISA**
 MasterCard
 American Express

Restriction, if any _____

Clemson University Foundation

CARD NUMBER

CARD VALIDATION CODE										EXPIRATION DATE									
CARDHOLDER'S NAME																			

CREDIT TO: _____
(PLEASE PRINT)

SIGNATURE _____ CU CLASS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLEASE PRINT ABOVE INFORMATION EXACTLY AS IT APPEARS ON YOUR CARD.

Maker authorizes the bank issuing the VISA, MasterCard or American Express identified on this item to pay the amount shown and promises to pay the amount stated herein to such bank subject to and in accordance with the agreement governing the use of such card.