

NAME _____ ALUMNI/PARENT YEAR _____

SPOUSE NAME _____ SPOUSE ALUMNI/PARENT YEAR _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____ EMAIL ADDRESS _____

GIFT INFORMATION

Yes, I/we want to be a supporter of Providence College by:

Making a one-time gift \$ _____

Making a pledge gift

Gift of \$ _____

Over # _____ months/years

Total \$ _____

Annually Monthly

We will send you a reminder, based on your desired schedule.

*Leadership annual gifts at the \$1,917+ level (\$500+ for alumni 6-10 years after graduation, \$100+ for alumni within 5 years of graduation) are recognized by membership in the St. Dominic Society.

TO SUPPORT PC Fund \$ _____

Angel Fund \$ _____

Friars Forever Athletic Fund \$ _____

Scholarships \$ _____

Scholarship Name _____

Other Designations \$ _____

This is an anonymous gift. Yes No

Please send me information on estate planning.

I've included Providence College in my estate plans.

METHOD OF PAYMENT

Check Made payable to *Providence College*. Mail to: Providence College, P.O. Box 834, Providence, RI 02901

Credit Card

Visa Mastercard American Express

CREDIT CARD NUMBER _____ EXP. DATE (MM/YY) _____

Your credit card will automatically be charged the amount you specify dependant on your preferred interval. Your first installment will be charged immediately and thereafter every month or year.

SECURITIES

Please call the Office of Gift Processing at 401.865.2845.

MATCHING GIFT

I am employed by/my spouse is employed by:

- My matching gift form is enclosed.
- My matching gift form will be forwarded at a later date.
- My company does not have a matching gift program.

ONLINE GIVING: You can also make your gift via our secure site at **www.givetopc.org**

SIGNATURE

Date: _____