



PAUL SMITH'S COLLEGE

GIVING FORM

Name: _____

Major/s: _____ Class Year/s: _____

Home Address: _____

Business Name/Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

E-Mail Address: _____

I would like my gift of \$_____ to support: _____ The Pathfinder Scholars Fund (Annual Fund)
_____ Other _____

Please charge \$_____ to the following credit card:

_____ VISA _____ MasterCard _____ American Express _____ Discover

Card No. _____ Expiration Date _____ 3 (or 4) Digit Code on Back _____

_____ I have enclosed a check made payable to **Paul Smith's College**.

_____ I have enclosed a matching gift form from my/my spouses employer.

_____ Please contact me about Planned Giving. _____ I have added Paul Smith's College to my Will.

_____ This gift is also from my spouse/partner:

(First Name) _____ (Last Name) _____

Mail completed form to:

Paul Smith's College
College Advancement
PO Box 265
Paul Smiths, NY 12970

To set up a recurring monthly credit card gift, please call: (518) 327-6315.