

SYRACUSE UNIVERSITY LOS ANGELES GIVING

Yes, I want to support The Campaign for Syracuse University with my gift of:

- \$1,000 \$500 \$250 \$144 Other \$_____

Please allocate my gift to:

\$ _____ Annual Fund \$ _____ School/College _____

\$ _____ Scholarships \$ _____ Other _____

My gift is In honor of In memory of _____

A matching gift will come from:

My employer My spouse's employer _____
Company Name

Matching gift form: Is enclosed Will be submitted separately

Donor information:

Name _____
First Middle initial Last Maiden

School/College _____ Class Year _____

Street _____

City, State, Zip _____

Phone (_____) _____ - _____ E-mail _____

I am a member of SoCalOrange, the Syracuse University Alumni Club of Southern California.

Payment:

I have enclosed a check or money order made payable to Syracuse University.

Please charge my credit card:

-    

Name of cardholder as it appears on card

Signature

Card number

Expiration date

Mail your gift to:

Office of Development—LA Region
Syracuse University
820 Comstock Avenue, Suite 100
Syracuse, New York 13244-5040

Questions?

E-mail giving@syr.edu or call 315.443.1848.