



# Gift FORM

## CONTACT INFORMATION

Name \_\_\_\_\_ Spouse / Partner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_ Preferred Email \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

My employer will match my gift

Relationship  Alumni (Class Yr \_\_\_\_\_ )  Student  Parent  Friend  Faculty/Staff  Board Member  Business

Other \_\_\_\_\_

## GIFT DETAILS *Visit our secure site [edgewood.edu/give](http://edgewood.edu/give) for more gift options and information about where to direct your gift.*

Gift Amount \$ \_\_\_\_\_

Gift Designation  Edgewood College Fund  Annual Scholarship Fund  Other \_\_\_\_\_

In Memory Of  In Honor Of \_\_\_\_\_  Tribute Address \_\_\_\_\_

Enclosed is a check (*payable to Edgewood College*) \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my credit card:  Visa  Mastercard  American Express  Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ CVV \_\_\_\_\_

What prompted this gift?  Mail  Phone Call  Email  Other \_\_\_\_\_

Notes \_\_\_\_\_

I would like this gift to remain anonymous

*Include the above form with your gift and*

### MAIL TO:

Office for Institutional Advancement  
Edgewood College  
1000 Edgewood College Dr.  
Madison, WI 53711-1997

**Thank you in advance for your generosity!**

*We will send a tax receipt  
and gift acknowledgement  
within 3-5 business days  
after receiving your gift.*

### QUESTIONS:

Contact Abby Bjerke, Director of Annual Giving & Alumni Relations  
[abjerke@edgewood.edu](mailto:abjerke@edgewood.edu) or (608) 663-2309



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