



# PROVIDENCE COLLEGE PLEDGE AND GIFT FORM 2018 - 19

NAME \_\_\_\_\_ ALUMNI/PARENT YEAR \_\_\_\_\_

SPOUSE NAME \_\_\_\_\_ SPOUSE ALUMNI/PARENT YEAR \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### ONE-TIME GIFT INFORMATION

Yes, I/we want to support Providence College by:

Making a one-time gift \$ \_\_\_\_\_

I/we would like this gift to support:

The Fund for Providence College

Area of Greatest Need (PC Fund) \$ \_\_\_\_\_

Financial Aid \$ \_\_\_\_\_

Emergency Student Support (Angel Fund) \$ \_\_\_\_\_

Varsity Athletics (Friars Forever Athletic Fund) \$ \_\_\_\_\_

Other Designation: \_\_\_\_\_ \$ \_\_\_\_\_

This is an anonymous gift.  Yes  No

I've included Providence College in my estate plans.

### PLEDGE GIFT INFORMATION

Yes, I/we want to support Providence College by:

Making a pledge gift \$ \_\_\_\_\_

The Fund for Providence College\*

Other Designation: \_\_\_\_\_

	The Fund for PC	Other
FY19 (7/1/18 - 6/30/19)	\$ _____	\$ _____
FY20 (7/1/19 - 6/30/20)	\$ _____	\$ _____
FY21 (7/1/20 - 6/30/21)	\$ _____	\$ _____
FY22 (7/1/21 - 6/30/22)	\$ _____	\$ _____
FY23 (7/1/22 - 6/30/23)	\$ _____	\$ _____

Please select your pledge reminder frequency:

monthly  quarterly  annually

\*I/we would like this gift to The Fund for Providence College to support:

Area of Greatest Need (PC Fund) \$ \_\_\_\_\_

Financial Aid \$ \_\_\_\_\_

Emergency Student Support (Angel Fund) \$ \_\_\_\_\_

Varsity Athletics (Friars Forever Athletic Fund) \$ \_\_\_\_\_

### 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  Discover

CREDIT CARD NUMBER \_\_\_\_\_ EXP. DATE (MM/YY) \_\_\_\_\_

### MATCHING GIFT

My company will match my gift. Company Name: \_\_\_\_\_

### SIGNATURE

\_\_\_\_\_  
Date: \_\_\_\_\_