

Name (please print):

Vassar ID:

Address:

Home Telephone:

Campus Extension:

Email address:

Circle one: Staff Administrator Student Faculty
 Friend

Signature:

-
1. I would like to make a one-time contribution in the amount of \$_____.
My check is enclosed, made out to Vassar College and designated to the Vassar College Hardship Fund.

 2. I would like to make a contribution in the amount of \$ _____ to be paid by payroll deduction effective immediately. Fill out one option:
 - a single payroll deduction of \$_____
 - _____ monthly deductions (up to a total of 7) of \$_____, for a total of \$_____
 - _____ bi-weekly deductions (up to a total of 14) of \$_____, for a total of \$_____

 3. I would like to make a credit card contribution:
 - One time contribution in the amount of \$_____
 - Recurring gift of \$_____ x _____ (from two-seven months), for a total gift of \$_____Credit card information: ___ Mastercard ___ Visa ___ American Express

Card number: _____
Expiration Date: _____
Print name as it appears on card: _____
Signature: _____

Please send this form to Box 725, Vassar College, 124 Raymond Ave., Poughkeepsie, NY 12604

5/22/09