

** Required

CONTACT INFORMATION

| | | | | |
|------------------|---------|------------------|------------------|---------------|
| First Name**: | | Middle Initial: | Last Name**: | |
| Maiden Name: | | School Attended: | Graduation Year: | |
| NYU Affiliation: | Alumnus | Parent | Friend | Faculty/Staff |

| | |
|---------------------|---------------|
| Street Address 1**: | |
| Street Address 2: | |
| City**: | State**: |
| Country**: | Zip Code**: |
| Preferred Email**: | Phone Number: |

GIFT INFORMATION

| | | |
|--|-----------|---|
| I would like to make a gift for the general support of the below school/s. | Yes No | <i>If it's NOT for General Support, please indicate the purpose of your gift below:</i> |
| Amount, \$ | School: | Purpose: |
| Amount, \$ | School: | Purpose: |

| | | | | |
|-----------------|-------------------------------------|------|----|-----------|
| Total Amount \$ | Is this a payment against a pledge? | Yes | No | Pledge #: |
| My gift is | In Honor of In Memory of | Name | | |

PAYMENT INFORMATION

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|--------------------------|--------------------------|---|------------|----------|
| Enclosed is my check, \$ | | Payable to New York University, OR | | |
| Bill my Credit Card: | AmEx | Visa | MasterCard | Discover |
| Amount \$ | Credit Card #: | Exp.Date (mm/dd/yy): | | |
| CVV: | | | | |
| Name on the Card: | Signature of Cardholder: | | | |

Please Mail this form, along with your check and matching gift form if applicable, to:

New York University
Gift Processing Center
547 La Guardia Pl
New York, NY 10012

For Assistance with this form please contact:
gift.administration@nyu.edu

* Please note, if we are unable to designate funds to your specification, your gift will be applied as general support.