



** Required

CONTACT INFORMATION

First Name**:
 Maiden Name:
 NYU Affiliation: Alumnus Parent Friend Faculty/Staff

Middle Initial:
 School Attended:

Last Name**:
 Graduation Year:

Street Address 1**:
 Street Address 2:
 City**:
 Country**:

State**:
 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 *If it's NOT for General Support, please indicate the purpose of your gift below:*

Amount, \$ School: Purpose:

Amount, \$ School: Purpose:

Total Amount \$ Is this a payment against a pledge? Yes No Pledge #:

My gift is In Honor of Name
 In Memory of

PAYMENT INFORMATION

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):

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
 Office of Gift Administration
 P.O. Box 6706 Hagerstown, MD
 21741-6706**

For Assistance with this form please contact:
gift.administration@nyu.edu
 Gifts made by credit card may also be faxed to 1-212-995-4856

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