

CLARKE FUND

All gifts to Clarke are tax deductible as permitted by IRS guidelines.

Enclosed is my/our gift of: \$2,500 \$1,000 \$500 \$250 \$100 \$_____

Name _____ Maiden Name _____ Grad year (if applicable) _____

Spouse Name _____ Spouse Graduation Year _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Employer _____ Title _____ Work Phone _____

Please charge my/our gift of \$ _____ to: MasterCard® Visa®

Card # _____ Expiration Date _____ 3-digit V-Code _____

Please contact me! I am interested in monthly direct debit from my checking account.

This gift is in honor/memory of (optional) _____

Please contact me regarding Planned Giving. (Wills, Annuities, Life Insurance, etc.)

Address _____

City _____ State _____ Zip _____

Please help Clarke College keep your record current.



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