



Yes, I will support Clarke University with a gift of: \$ _____

Name _____

Address _____

City _____ State _____ Zip code _____

Phone _____

Email _____

My gift is eligible for a company match _____
Company Name

PROJECT AREA I WISH TO LEND MY SUPPORT:

THE CLARKE FUND
(Area of Greatest Need)

ANNUAL STUDENT SCHOLARSHIP FUND

OTHER

Department Name

METHOD OF PAYMENT

Credit Card

Please charge to my credit card: MasterCard Visa Discover

Choose one: One-time charge Monthly charge

Card Number _____ Exp. Date _____

CVC Card Verification Number _____ Authorized Signature _____

Monthly Automatic Funds Transfer

MONTHLY GIFT* OF: \$ _____ for _____ months

I authorize Clarke University to withdraw payment from my/our bank account through an automatic funds transfer. (A voided check is enclosed.)

**Monthly debit entries and credit card transactions are processed on the fifteenth of each month. Any changes or cancellations to this agreement must be made in writing and received ten days prior to the next transaction date to allow Clarke University a responsible opportunity to make any requested changes.*

Check Enclosed is my check, payable to Clarke University.

Online I will donate at www.clarke.edu/clicktogive.

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

Please contact me regarding how to include Clarke in my estate planning.

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

To learn more, visit www.clarke.edu/development or contact the Mackin Office of Institutional Advancement at (888)225-2753 or development@clarke.edu.