

DONATION FORM

Thank you for supporting Northern Kentucky University!

Name _____

Address _____

City, State, Zip _____

Daytime Phone _____ Cell Phone _____

Email _____

(We will not share your personal information with any other party.)

Are you a current or former NKU employee? Yes No

GIFT INFORMATION

One-Time Gift of \$ _____

Monthly Gift of \$ _____ *(charged to your credit card on the 1st of each month until you tell us to stop)*

I would like my gift to support:

Student Scholarships Fund for Excellence Athletics Chase College of Law

College: _____

Other: _____

I am making my gift by:

Check (payable to Northern Kentucky University Foundation)

Credit Card: Visa MasterCard Discover American Express

Account Number _____

Expiration Date _____ CSV # _____

Authorized Signature _____

This contribution is:

In memory of _____

In honor of _____

Please send notification of my contribution to: (Your gift amount is not disclosed.)

Name _____

Address _____

City, State, Zip _____

Please send your completed form to:

Advancement Services- AC 239

Northern Kentucky University

5320 Campus Drive

Highland Heights, Ky. 41099

Questions? Contact Jodi Zerbe at 859-572-5489 or zerbej1@nku.edu.

