



PERSONAL INFORMATION

Title (ie. Dr./Mr./Mrs./Ms.): _____ First Name: _____ Middle Initial: _____

Last Name: _____ Suffix (ie. Jr./Sr. /PhD): _____

Address: _____
☐ Home *Street Address* *Apartment/Unit*
☐ Business
☐ Seasonal _____
City *State* *Zip Code*

Home Phone: _____ Other Phone: _____ ☐ Business ☐ Mobile

E-mail Address: _____ Year of Graduation: _____

GIFT INFORMATION

Join the **CHANCELLOR'S CIRCLE!** Make an annual gift of \$1,000 or more.

PLEASE DIRECT MY GIFT TO:

- ☐ General Library Fund
- ☐ Hillman Library Reinvention
- ☐ August Wilson Archive
- ☐ ULS Archives Gift Fund
- ☐ The Archival Scholar Research Award
- ☐ Other _____

PREFERRED PAYMENT OPTIONS

☐ Check: Please make payable to University of Pittsburgh.

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Account No. _____

Expiration Date _____ CVV _____

Signature _____

GIFT AMOUNT \$ _____

Send forms and payment to:

University of Pittsburgh, PO Box 640093, Pittsburgh, PA 15264-0093



ADDITIONAL GIFT INFORMATION

MATCHING GIFTS: This contribution will be matched by:

My employer: _____

Joint Donor's employer: _____

☐ Corporate matching gift form(s) enclosed

For instructions on how to make a corporate matching gift please contact your company's human resources department or matching gift officer.

HONORARY AND MEMORIAL GIFTS:

☐ Check here if this is a **Memorial Gift**

Name of deceased individual: _____

☐ Check here if this is an **Honorary Gift**

Name of individual being honored: _____

Reason or occasion: _____

☐ Please notify the individual listed below that I have made this gift:

Name _____

Address _____
Street Address

Apartment/Unit#

City

State

ZIP Code

PLANNED GIFTS:

☐ Check here to indicate that your will or trust provides for the University of Pittsburgh

☐ Please check here if you would like more information on life income plans

THANK YOU FOR YOUR GENEROUS SUPPORT!

Send forms and payment to:
University of Pittsburgh, PO Box 640093, Pittsburgh, PA 15264-0093