



THE CAMPUS SCHOOL
of Carlow University

Bright Futures Begin Here!

TOTAL GIFT COMMITMENT

- | | | | |
|----------------------------------|-------------------------------------|-----------------------------------|----------------------------|
| <input type="checkbox"/> \$50 | Friend | <input type="checkbox"/> \$5,000 | Children of Spirit Society |
| <input type="checkbox"/> \$250 | Blue & Gold Society | <input type="checkbox"/> \$10,000 | 1963 Society |
| <input type="checkbox"/> \$500 | CREATE Lab Society | <input type="checkbox"/> \$25,000 | Head of School Circle |
| <input type="checkbox"/> \$1,000 | Bright, Beautiful & Blessed Society | <input type="checkbox"/> \$ | Other Amount |

YOUR AFFILIATION TO THE CAMPUS SCHOOL

- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> ALUMNA/US | <input type="checkbox"/> PARENT | <input type="checkbox"/> PAST PARENT |
| <input type="checkbox"/> GRANDPARENT | <input type="checkbox"/> FACULTY / STAFF | <input type="checkbox"/> STUDENT |
| <input type="checkbox"/> OTHER | | |

METHOD OF PAYMENT

CHECK (Enclosed payable to The Campus)

PLEDGE

I would like to make a pledge of \$_____ and have enclosed my first payment of \$_____.

I will make _____ payment(s) of \$_____

Annually

Semi-annually

Monthly

CREDIT CARD

MasterCard Visa American Express Discover

Credit Card Number: _____

Expiration Date: _____

Name as it appears on card: _____

Signature: _____

I would like to remain anonymous

DONOR INFORMATION

Name(s) of donor(s) as you would like it listed:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

My gift is in memory/honor of: _____

THANK YOU FOR YOUR SUPPORT!

For more information, or to make arrangements other than the giving options listed, please contact Tiffanv Jimenez at 412.578.6260 or tmiimenez@carlow.edu.

The Campus School at Carlow University • 3333 Fifth Avenue • Pittsburgh, PA 15213