



UNIVERSITY OF MARYLAND

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A Gift to the
Alpha Chi Omega Scholarship Fund
Division of Student Affairs

Gifts may also be made online. Please visit sagiving.umd.edu and click 'Make a Gift Online' at the top right.

Donor Information

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Gift Supporting the Division of Student Affairs

[ ] The Alpha Chi Omega Scholarship Fund Amount \$ \_\_\_\_\_

Payment Options

[ ] Check: Enclosed is my gift check of \$ \_\_\_\_\_ made payable to the University of Maryland College Park Foundation.

[ ] Credit/Debit Card: I would like to charge \$ \_\_\_\_\_ to [ ] Master Card [ ] VISA [ ] Discover [ ] American Express.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

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Pledge Options

[ ] Multi-Year Pledge I am pleased to pledge \$ \_\_\_\_\_ in support of the Alpha Chi Omega Scholarship Fund.

I will make payments in the amount of \$ \_\_\_\_\_ by \_\_\_\_\_ (day and month) of each year for \_\_\_\_\_ years.

[ ] Recurring Payment by Credit/Debit Card:

I would like to charge \$ \_\_\_\_\_ each month for \_\_\_\_\_ months to [ ] Master Card [ ] VISA [ ] Discover [ ] American Express.

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Gift in Honor/Memory

This gift is made in [ ] honor of, [ ] memory of: \_\_\_\_\_

Please notify the following individual(s):

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Other Information

[ ] My employer will match my charitable contribution to this fund. Enclosed is the completed and signed matching gift form.

Please return this completed form and your gift to:

UMD Division of Student Affairs Development Office
8400 Baltimore Avenue, Suite 200
College Park, MD 20740

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