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Bruce L. and Donna W. Berlage Omicron Delta Kappa Lecture Fund
Division of Student Affairs

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[] The Bruce L. and Donna W. Berlage Omicron Delta Kappa Lecture Fund Amount \$ _____

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

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Other Information

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

Gift in Honor/Memory

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

Please notify the following individual(s):

Name(s): _____

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Please return this completed form and your gift to:

UMD Division of Student Affairs Development Office
8400 Baltimore Avenue, Suite 200
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