

Your support provides our students unparalleled opportunities to learn and grow.



Gifts to the Annual Fund have an immediate impact on the student experience and enhance Newberry College's competitiveness by increasing our investment in student scholarships, academic programming, student life, athletics and campus operations.

Name(s) _____ Address _____ City _____ State _____ Zip Code _____ Telephone _____ Email _____

For office use only: Donor ID _____

I would like to make a Recurring Gift as a: ___ Bi-Weekly Gift ___ Monthly Gift ___ Quarterly Gift ___ Semi-Annual Gift ___ Annual Gift

Process my gift on the: ___ 1st of the month ___ 5th of the month ___ 10th of the month ___ 15th of the month ___ 20th of the month ___ 25th of the month

Start Date: ___/___/___ (mm/dd/yyyy)

OR ___ I would like to make a One-Time Gift

Gift Amount \$ _____

Please apply my gift to ___ Annual Fund ___ Other (please specify in the comments section)

Please make this a ___ Gift ___ Memorial Gift ___ Honor Gift

In Memory/Honor of: _____

Comments: _____

Enclosed is a voided check for my recurring gift. Please transfer my gift from my checking account. **For One-Time Checking Account gifts, please include a completed check with your gift form.

OR ___ My credit card information is listed below for my gift. Please transfer my gift from my credit card.

Credit Card Number _____ Expiration Date ___/___



I understand my future gifts will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time by contacting Newberry College by phone or mail. All gifts provided to Newberry College comply with U.S. Law.

Signature _____ Date _____ (Required)