



A Gift to the
Health Center Victim Assistance 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

Mailing Preference: Home Business

Name(s) _____

Business _____

Home Address

City _____ State _____ Zip Code _____

E-Mail _____ Telephone _____

Business Address

City _____ State _____ Zip Code _____

E-Mail _____ Telephone _____

Gift Supporting the Division of Student Affairs

The Health Center Victim Assistance 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 _____

Authorized Signature _____ Date _____

Pledge Options

Multi-Year Pledge I am pleased to pledge \$ _____ in support of Health Center Victim Assistance 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