

2007-2008 CLARK FUND GIFT FORM

Name(s): _____ Campus Extension(s): _____

Total Amount of Gift: \$ _____

My check is enclosed (*Please make checks out to Clark University*).

Credit Card: *check one*

- American Express card #: _____
- VISA card #: _____
- MasterCard card #: _____
- DiscoverCard card #: _____

Name on Card: _____

Expiration Date: _____

Credit Card Payment Schedule: *check one*

Single Charge, "Total Amount of Gift" above.

Installment Charges: (*Please enter # of monthly installments and circle charge date*)
_____ installments, charged on the 1st / 15th of each month, totaling the
"Amount of Gift" above.

Gift Designation: *check one*

- Unrestricted/Clark's Greatest Need
- Scholarship
- Other: _____

Memorial, "In Honor of" and Anonymous Designations:

Please check here to make your gift in honor or in memory of the following person(s): _____

Please check here to make your gift anonymously. *Your name(s) will not be listed in donor publications.*

Signature: _____ Date: _____

My signature authorizes Clark University to charge my credit card, according to the "Amount of Gift" and payment schedule noted above.