The York College Gift/Pledge Form

_____ _____ _____ _____ _____
Title First Name Middle Name Last Name Suffix

_____
Home Address

_____
City State Zip

Email _____ Phone (____) _____

Name(s) as you wish it to appear in the Annual Report of Gifts _____

Gift Information

__ I'd like to make a gift. I will pay by check or credit card. __ I'd like to make a payment on an existing pledge.
_ _ I'd like to make a pledge. A reminder will be sent to you.

Gift Amount: $_____ Existing Pledge Payment Amount: $_____
Total New Pledge Amount: $_____ An initial payment of: $_____ (enclosed)
Pledge Period: ___This fiscal year ___2 years ___3 years ___4 years ___5 years
Send me reminders: ____Monthly ____Quarterly ____Annually

Donor Recognition Societies
(Recognition is based on fiscal year giving between July 1 and June 30)

Baccalaureate Club	$100.00-$249.99	York College Pioneers *	$1,968.00-$2,499.99
Masters Club	$250.00-$499.99	President's Level *	$2,500.00-$4,999.99
Faculty Club	$500.00-$999.99	Trustee's Level *	$5,000.00-$9,999.99
Dean's Level *	$1,000.00-$1,967.99	Founder's Level *	$10,000.00+

*Donors in these levels qualify as members of the Heritage Society

Please use my gift for:

_____ Annual Fund -- Annual Fund gifts provide academic and co-curricular opportunities, while keeping tuition costs low.
_____ Parents Fund -- YCP parents impact their student's college experience by supporting the areas of greatest need.
_____ Scholarships -- Scholarships open doors for students who need and deserve them the most.
_____ Department/Program - Support Designate your support to a specific department or program of your choice.
_____ Pledge Payment -- Make a payment now on an existing pledge.
_____ Other Purpose -- Support can also be designated for other purposes not listed here.
Please list any special purpose or designation: _____

Double or even triple your gift…check if your or your spouse's company will match your gift. Please see your human resources representative for more information about your company's matching gift program.

_____My employer will match my gift. Employer Name _____

Affiliation to YCP (Check any that apply)

_____ Alumnus/Alumna (Class Yr _____) _____ Current Student (Class Yr _____)
_____ Parent (Student's name and Class Yr ____ _____)
_____ Current Employee _____ Retired Employee _____ Friend (other)

Payment Information

_____Personal Check (make payable to York College of PA)

_____Credit Card: ___ Visa___ MasterCard ___Discover
Card Number: _____ Card Exp: (month) _____ (year) _____
Name as it appears on credit card: _____

Signature: _____