

# SLIPPERY ROCK UNIVERSITY

Name \_\_\_\_\_

Address \_\_\_\_\_

My gift is designated for the \_\_\_\_\_

I pledge a total of \$ \_\_\_\_\_ that I will pay in  Quarterly  Semi-annual or  Annual payments  
of \$ \_\_\_\_\_ for \_\_\_\_\_ years. I have enclosed my gift/first installment of \$ \_\_\_\_\_.

Please make checks payable to *Slippery Rock University Foundation, Inc.* or give on-line at  
**www.srufoundation.org**

**Mail to:** 202 Old Main, One Morrow Way, Slippery Rock PA 16057

You may charge my  VISA  MasterCard  Discover  American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ V-code\* \_\_\_\_\_  
(\*This is the numbers found in the signature block on the credit card.)

Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Please contact me about Estate/Planned Giving Opportunities.

Telephone \_\_\_\_\_