

Complete and send form, with your gift, to: CCSU Foundation, Inc. PO Box 612 New Britain, CT 06050-0612

Yes! I/We want to	support th	e CCSU Anr	nual Fund		July	1 - June 30	WEE
Name (include maic	len name if a	applicable)_					
Spouse Name (if ap	plicable)						
Address							
Home Phone (including area code)				Mobile Phone (including area code)			
Email							
Graduation Year (if	applicable) _			Spouse Graduat	ion Year (if a	pplicable)	
This is a(n) ☐Honor	ary Gift 🗖	Memorial (ift for				
Please notify (name	& address)						
						of this	honorary/memorial gift
Many companies match gifts fo	r education. If you,	or your spouse, w	orks for a match	ing gift company, please con	nplete the matching	gift form supplied by	y your employer and send it with your g
Name & Address of	matching gif	ft company	(if applica	ble)			
Gift Amount 🗖	\$1,000	□\$500	□\$250	□\$100	□\$50	□Other\$_	
Apply my gift to:	□Acader	mic Enrichm	nent	☐Blue Devil Ath	letics	□Friends	of the Library*
* Endowed Fund	ips	☐Institutional Enrichment/Area of Greatest Need					
School of : □A	rts & Science	es 🗖 Busi	ness 🗖 E	ducation & Prof. S	Studies 🗖	Engineering,	Science & Technology
☐Other (specify)							
☐Enclosed is my ch	eck payable	to the <i>CCSI</i>	J Foundati	ion, Inc.			
Charge my □AM	EX □Visa	a □Mast	terCard	□Discover			
Credit Card #				Exp. Date (mm/y	yyy)		CCV Code
Signature (required	for credit ca	rd gifts)					

THANK YOU FOR SUPPORTING CENTRAL!