

Alice Lloyd College 100 Purpose Road Pippa Passes, KY 41844 (606) 368-6000 (888) 280 4282 Fax: (606) 368-6210

Gift / Pledge Form

| Gift (en | ard working students realize the close check, money order, or (be sure to include date plea | credit card inforn | | |
|--|---|---|---|--|
| Amount: | Date: | Pledge Payment Date: | | |
| Check if any of | f the following information | is new | | |
| Name: | | | | |
| Address: | | | | |
| City: | State | Zip: | | |
| Phone: | Fax: | Email: | | |
| Corporate Match | ning Gifts | | | |
| for this and any gi cess, please contact | ft you make to Alice Lloyd ct your human resources dep | College. If you partment for a M | e urge you to apply for matching funds are unsure about the application pro- atching Gift Form or instructions on as can double your giving power. | |
| Credit Card Opti | ion: | | | |
| you prefer to use a nator of Gift Receip pledge/gift form. | credit card, you may call our oting. Or, you may complete | office at (888) 28 the form below to | Discover, and American Express. If 80-4ALC (4252) and ask for the Coordi be mailed or faxed with the above | |
| | Credit Card C | Contribu | ition Form | |
| Name (as it appear | rs on the card) | | | |
| Address (unless pr | rovided above) | | | |
| Card Type: VI | SA Mastercard | Discover | American Express | |
| Amount: \$ | Card Number | | Expiration Date:/ | |
| Signature: | | Date of Contribution: | | |

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