



MY GIFT TO LINCOLN

Date: ____ / ____ / ____

Enclosed is my gift for \$_____ Check / Credit Card / Money Order (circle one).

I pledge to send \$_____ before June 30th.

My company matches contributions (*Please include your company's matching gift information with gift form*)

Name & Class Year: _____

E-mail Address: _____

Street Address: _____

City, State, Zip: _____

Company & Title: _____

Business Address: _____

Phone Number: _____ Cell Number: _____

Spouse's Name & Class Year (if alum): _____

Organizational Affiliation(s): _____

Gift Designation: Lincoln Fund Students First Campaign
 Athletics Langston Hughes Memorial Library Fund
 Textbook Aid Supporting Need-based Financial Aid
 Academic Department (please specify): _____
 Other (please specify): _____

Please apply this contribution to my credit card: VISA / MasterCard / Discover

Card #: _____

Expiration: ____ / ____ Billing Zip Code: _____

Name as it appears on card: _____

Signature: _____

I would like to learn more about: Including Lincoln University in my estate plan.
 Lincoln University's Planned Giving Program.
 Monthly/Recurring gifts through EFT or bank draft.

*If you have any questions, please contact our Advancement Services team:
Connie Mullen (cmullen@lincoln.edu) at 484-365-7858.
Make checks payable to Lincoln University. Contributions are tax deductible as
allowed by law. Please remember that our fiscal year ends June 30.*