Reset Form

Print Form

VALPARAISO UNIVERSITY

Gift Form

Advancement Services

Enclosed is my gift of:

☐ $1,000 ☐ $750

☐ $500 ☐ $250

☐ Other _____

Giving Options

☐ Valpo Fund (area of greatest need)

☐ Dean's Fund (college)_____

☐ Other _____

Please indicate another gift option if not listed above.
Your gift will be applied to the Valpo Fund if no designation is indicated above.

Contact Information

Name _____

Spouse name _____

☐ I/we prefer to remain anonymous.

Mailing address

_____

_____

City State Zip

Type: ☐ Home ☐ Business

Phone _____

Type: ☐ Cell ☐ Home ☐ Business

Email* _____

My Gift is a Tribute:

☐ In Honor of ☐ In Memory of

Name _____

If you would like us to notify the honoree / memorial family, please provide an address.

_____

Payment Options

Please make check payable to **Valparaiso University**

Mailing address: Valparaiso University
Attn: Advancement Services
Heritage Hall
510 Freeman St.
Valparaiso, IN 46383

Credit Card

Please charge my gift to my credit card.

☐ Mastercard ☐ Visa ☐ Discover

Cardholder name as appears on card (please print)

_____

Card Number

_____-_____-_____-_____

CVV2 Code _____ EXP. (MM/YYYY) _____ / _____

_____

Cardholders signature

Credit Card Gift Receipt Type: ☐ Email* ☐ Paper
*If Email receipt type is checked, please be sure to provide your email address.

Employer matching gift program

Your gift may be doubled if your employer participates in a matching gift program.

☐ My matching gift has been initiated at my company's website.

☐ My employer's matching gift form is enclosed.

Company Name _____

Give online at give.valpo.edu

NEED MORE INFORMATION?
Advancement Services
219.464.5110