

Binghamton University Foundation Charitable Gift



Please complete and mail to:

Binghamton University Foundation
PO Box 6005
Binghamton, NY 13902-6005

Donor's Name: _____

Is gift joint with spouse? YES or NO If YES, Spouse Name: _____

Mailing Address: _____

City, State, Zip: _____ Home Phone: _____

Email: _____ Mobile Phone: _____

Donor Constituency Type (please check all that apply):

- Alumna/us _____ Parent _____ Faculty/staff Friend Corporation Foundation
class year *student name, class year*

Please designate my/our gift of \$ _____ as follows to the Binghamton Fund For:

- \$ _____ Excellence (greatest needs)
- \$ _____ Opportunity Scholarships (critical student aid)
- \$ _____ Harpur College of Arts & Sciences
- \$ _____ College of Community & Public Affairs
- \$ _____ Decker College of Nursing and Health Sciences
- \$ _____ School of Management
- \$ _____ School of Pharmacy & Pharmaceutical Sciences
- \$ _____ Watson College of Engineering & Applied Science
- \$ _____ Anderson Center for the Performing Arts
- \$ _____ Athletics
- \$ _____ Campus Enhancement
- \$ _____ Diversity, Equity and Inclusion
- \$ _____ Graduate Studies
- \$ _____ Libraries
- \$ _____ Reputation Building
- \$ _____ Research & Technology
- \$ _____ Student Life
- \$ _____ University Art Museum
- \$ _____ Other (please specify): _____

Your gift is tax deductible as allowed by law. The Foundation's fiscal year ends June 30. A copy of the latest annual report may be obtained from the Foundation or from the Charities Bureau, NYS Office of the Attorney General, 28 Liberty St 19th Fl, New York, NY 10005 (charitiesnys.com, 212-416-8401).

Enclosed is my check, payable to **Binghamton University Foundation**.

BFON/WEB FORM

Please charge my gift to (circle one): Visa MasterCard American Express Discover

Card Number: _____ Exp Date: _____

Name as it appears on card: _____ Card Security Code: _____