

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:

- \$ _____ Binghamton Fund for Excellence (greatest needs)
- \$ _____ Binghamton Fund for Opportunity Scholarships (critical student aid)
- \$ _____ Binghamton Fund for Harpur College of Arts & Sciences
- \$ _____ Binghamton Fund for the College of Community & Public Affairs
- \$ _____ Binghamton Fund for the Decker College of Nursing and Health Sciences
- \$ _____ Binghamton Fund for the School of Management
- \$ _____ Binghamton Fund for the Pharmacy School
- \$ _____ Binghamton Fund for the Watson College of Engineering & Applied Science
- \$ _____ Binghamton Fund for Athletics
- \$ _____ Binghamton Fund for Campus Enhancement
- \$ _____ Binghamton Fund for Diversity, Equity and Inclusion
- \$ _____ Binghamton Fund for Graduate Studies
- \$ _____ Binghamton Fund for International Studies
- \$ _____ Binghamton Fund for the Libraries
- \$ _____ Binghamton Fund for Reputation Building
- \$ _____ Binghamton Fund for Research & Technology
- \$ _____ Binghamton Fund for Student Life
- \$ _____ 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

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

Card Number: _____ Exp Date: _____