

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 (University greatest needs)
\$_____ Binghamton Fund for Harpur College of Arts & Sciences
\$_____ Binghamton Fund for the College of Community & Public Affairs
\$_____ Binghamton Fund for the Decker School of Nursing
\$_____ Binghamton Fund for the School of Management
\$_____ Binghamton Fund for the School of Pharmacy & Pharmaceutical Sciences
\$_____ Binghamton Fund for the Watson School of Engineering & Applied Science
\$_____ Binghamton Fund for the Anderson Center for the Performing Arts
\$_____ Binghamton Fund for Athletics
\$_____ Binghamton Fund for Campus Enhancement
\$_____ Binghamton Fund for Graduate Studies
\$_____ Binghamton Fund for Research & Technology
\$_____ Binghamton Fund for Student Life
\$_____ Binghamton Fund for the University Art Museum
\$_____ Binghamton Fund for the University Libraries
\$_____ Other (please specify): _____

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: _____