

Gift Form

Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Preferred Email _____

Employer _____ Title _____

Relationship Alumni (Class Yr _____) Student Parent Friend Faculty/Staff Board Member Business
 Other _____

Gift Details

Gift Amount _____

Gift Designation _____

Contact us or visit give.edgewood.edu for more information about where to direct your gift.

In memory In honor of _____

Enclosed is a check (payable to Edgewood College)

Please charge my Visa / Mastercard

Card Number _____ Exp _____ CVV _____

What prompted this gift? Mail Phone Call Email Other _____

Notes _____

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Include this form with your gift and mail to:

Office for Institutional Advancement
Edgewood College
1000 Edgewood College Dr.
Madison, WI 53711-1997

We will send a tax receipt and gift acknowledgment within 3-5 business days after receiving your gift.
Thank you in advance for your generosity!

Questions?
Contact Mike Sweitzer-Beckman, Advancement Office
mweisitzerbeckman@edgewood.edu or 608.663.7718

