

GIVE THE WAY YOU WANT.

Designate your gift to one program, allocate different amounts to multiple programs, or allow us to decide where it's needed most.

I/We would like to contribute a total of \$ _____ to the Annual Fund as an undesignated gift. Please use it where it will do the most good.

I/We would like to designate our gift to the following program(s) in the total amount of \$ _____. If I/we have chosen more than one program to support, specific dollar amounts to be allocated for each are indicated below.

- | | |
|---|--|
| \$ _____ Art | \$ _____ History |
| \$ _____ Athletics | \$ _____ Law School |
| \$ _____ Biological & Environmental Science | \$ _____ Mathematics, Computer Science & Physics |
| \$ _____ Blackmore Library | \$ _____ Nursing |
| \$ _____ Business | \$ _____ Political Science & Economics |
| \$ _____ Chemistry & Biochemistry | \$ _____ Psychology |
| \$ _____ Communication | \$ _____ Religion & Philosophy |
| \$ _____ Conservatory of Music | \$ _____ Social Work |
| \$ _____ Convergent Media Center | \$ _____ Student & Community Engagement |
| \$ _____ Criminology & Sociology | \$ _____ Student Scholarship Fund |
| \$ _____ Diversity & Inclusion | \$ _____ Trinity Lutheran Seminary |
| \$ _____ Education | \$ _____ Undergraduate Research |
| \$ _____ English | \$ _____ University Chaplaincy |
| \$ _____ Health & Sport Sciences | \$ _____ World Languages & Cultures |

Please print.

NAME _____ CLASS YEAR _____

EMPLOYER/FIRM NAME _____

SPOUSE'S NAME _____ CLASS YEAR _____

BUSINESS ADDRESS _____

STREET ADDRESS _____

POSITION HELD _____ BUSINESS PHONE _____

CITY _____ STATE _____ ZIP CODE _____

MY EMPLOYER MATCHES CHARITABLE GIFTS.

PHONE _____ E-MAIL _____

I HAVE INCLUDED CAPITAL IN MY ESTATE PLANS.

Payment Method Please charge my **VISA** or **MasterCard** (please circle one).

My check – payable to Capital University – is enclosed.

CREDIT CARD NO. _____

Please print this form and return it to: **Capital Fund**
Capital University
1 College and Main
Columbus, OH 43209-2394

EXPIRATION DATE _____ SIGNATURE _____