



Gift FORM

CONTACT INFORMATION

Name _____ Spouse / Partner Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ Preferred Email _____

Employer _____ Title _____

My employer will match my gift

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

Other _____

GIFT DETAILS *Visit our secure site edgewood.edu/give for more gift options and information about where to direct your gift.*

Gift Amount \$ _____

Gift Designation Edgewood College Fund Annual Scholarship Fund Other _____

In Memory Of In Honor Of _____ Tribute Address _____

Enclosed is a check (*payable to Edgewood College*) _____

Please charge \$ _____ to my credit card: Visa Mastercard American Express Discover

Cardholder Name _____

Card Number _____ Expiration _____ CVV _____

What prompted this gift? Mail Phone Call Email Other _____

Notes _____

I would like this gift to remain anonymous

Include the above form with your gift and

MAIL TO:

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

Thank you in advance for your generosity!

*We will send a tax receipt
and gift acknowledgement
within 3-5 business days
after receiving your gift.*

QUESTIONS:

Contact Abby Bjerke, Director of Annual Giving & Alumni Relations
abjerke@edgewood.edu or (608) 663-2309



EDGEWOOD COLLEGE