

GIFT BY MAIL

Mail this form to: Office of Advancement, Cornerstone University, 1001 E Beltline NE, Grand Rapids MI 49525

PERSONAL INFORMATION

First Name _____ MI _____ Last Name _____

Spouse Name _____ MI _____ Last Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Country _____ Email _____

Please check appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Alumni (Year: _____) | <input type="checkbox"/> CU Faculty/Staff |
| <input type="checkbox"/> Current Student | <input type="checkbox"/> CU Board Member |
| <input type="checkbox"/> Parent of Current Student | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Grandparent of Student | <input type="checkbox"/> Other _____ |

EMPLOYEMENT INFORMATION (Optional)

Employer _____ ☐ This is a matching gift company

Address _____

City _____ State _____

Zip _____ Phone _____

Occupation _____ Title _____

GIFT INFORMATION

Amount \$ _____ Method of Payment: Check Master Card Visa Discover

Name as it appears on your Credit Card: _____

Card Number: _____ Expiration Date _____

- ☐ This gift is designated for the Student Fund
- ☐ This gift is to be used where most needed
- ☐ This gift is designated for _____