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Address _____

City _____ State _____ Zip _____

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Enclosed is my gift of \$ _____ (Make check payable to Pace University).

Please designate my gift to:

- Unrestricted - to allocate where the need is the greatest
- Lienhard School of Nursing
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Your gift can be doubled if your company or that of you spouse's matches gifts. Visit www.pace.edu/matchgift to see if you company matches gifts.

Credit Card

Name as it appears on card _____

Card Number _____

Card Type: Visa _____ MasterCard _____ American Express _____ Discover _____

Expiration Date ____/____/____

I hereby authorize Pace University to charge a gift of \$ _____ to the card listed above.

Signature: _____ Date: ____/____/____

For questions regarding your gift, please call the Annual Giving Office at (212) 346-1232.

Please mail this form to: **Pace University
Development and Alumni Relations
P.O. Box 1546
New York, NY 10008-1546**