



OFFICE OF ANNUAL GIVING
 MSC 3603
 220 University Blvd
 Harrisonburg, VA 22807
www.jmu.edu/give

Toll Free: 855.568.4483 • Phone: 540.568.2822 • Fax: 540.568.8161

Yes, I want to support JMU! Please accept my gift of

\$1,000 \$500 \$250 \$100 Other \$_____

Accept my pledge of \$_____ to be paid in full by June 30.

Membership in the President's Council is based on annual giving (including matching gifts) starting at \$1,000

Please designate my above gift to the following purpose(s):

- Madison Fund** (for use where the need is the greatest) \$_____
- Faculty Development \$_____
- Scholarship(s) _____ \$_____
- Parents Fund \$_____
- College of Arts and Letters \$_____
- College of Business \$_____
- College of Education \$_____
- College of Integrated Science and Technology \$_____
- College of Science and Mathematics \$_____
- College of Visual and Performing Arts. \$_____
- The Graduate School. \$_____
- General Education Program \$_____
- Edith J. Carrier Arboretum \$_____
- JMU Libraries \$_____
- Student Affairs \$_____
- Athletics Scholarships (Duke Club). \$_____
- Other _____ \$_____

(Your gift is tax deductible to the fullest extent of the law.)

Please accept my payment:

Enclosed is a check made payable to the JMU Foundation

Electronic funds transfer (ETF)

I would like to make my gift via a ETF monthly payment
 Please charge my checking account *\$_____ on the 20th of each month

(*Please include a voided check.)

 Bank Name

 Account Number

 Routing Number

• Matching Gifts •

You can double or triple the size of your gift if you are employed by one of the more than 1,000 companies with matching gift programs. To see if your employer has a matching gift program, contact your human resource department or visit our Web site at: www.matchinggift.com/jmu

- I'm not sure, please contact me.
- I have enclosed a matching gift form from my employer.
- I processed my matching gift by phone online

Thank you for your gift!



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Please help us keep your information current!

Affiliation: Alumni Parent Friend JMU Employee

Prefix: Mr. Mrs. Ms. Miss Dr. Other _____

Name _____
First Middle Last

Maiden Name _____

Home Address _____

City _____ State _____ ZIP _____

Phone: Home _____ Work _____

Cell _____ Preferred Contact: Home Work Cell

E-mail: Home _____ Work _____

Date of Birth _____ Gender: Male Female

Employer _____ Job Title _____

Business Address _____

City _____ State _____ ZIP _____

Marital Status Single Married Divorced Widowed

Spouse Name _____
First Middle Last

My spouse is an alumnus of _____ Class of _____

Number of children _____ Son(s) _____ Daughter(s)

Name(s) _____

Number of children currently attending JMU _____

Name(s) and class year _____

• Planned Gifts •

Please check where appropriate: I have included JMU in my estate plans.

I plan to include JMU in my estate plans.

Please send information on:

Including JMU in my estate plans

Life income plans

Donating stock to JMU

Funding a scholarship