

## **Donor Contribution Form**

Please complete this form and mail with your check or credit card information to the address below.

Donor Informat	ion:			
Name(s)				
Address				
Phone		E-mail		
Today's Da	nte		_	
Enclosed is a c	haritable gift i	n the amount of _		for:
Idaho Master G (Department, Schol		tenai County (761		mount)
Check here	if this is a paymer	nt on previous pledge _		
Memorial or	honorary gift (circ	le one)? In the name of	of	
Make checks payable to: Mailing address:		University of Idaho Foundation, Inc. 875 Perimeter Drive MS 3143 Moscow, Idaho 83844-3143		
Credit card info	rmation:			
Visa	MasterCard	Discover	American Express	<b>s</b>
Card Number			Exp.Date	/
Name on C	ard			
Signature				
Cradit aard aifta a	nd requiring eres	lit aard aifta may ala	a ha mada using tha fa	llowing coours wab sit

Credit card gifts and recurring credit card gifts may also be made using the following secure web site: www.uidaho.edu/giving

Questions? Call the Foundation (208) 885-4000 or e-mail gifts@uidaho.edu

Thank you for your investment in the University of Idaho Foundation, Inc.

Gifts to the University of Idaho Foundation, Inc., are tax deductible to the extent provided by law. The Foundation acknowledges all gifts. If you wish us not to publicize your gift, please let us know. Donors are recognized on our donor rolls on a fiscal year basis. Our fiscal year is July 1–June 30.