



Make a Gift by Mail or Fax

Please print the form below, complete and mail or fax with your check (payable to Caldwell College Fund) or credit card information to the address or fax below. Fields marked with an asterisk (*) are required to process your gift. Thank you.

Mail to:

Caldwell College Annual Fund
C/o Office for Institutional Advancement
Caldwell College
9 Ryerson Avenue
Caldwell, NJ 07006

Fax to:

(973) 618-3300
Attn: Annual Fund

Donor Information:

Circle one: Mr.\ Mrs.\ Ms.

*First Name

*Last name

*Birth Name

*Address

*City

*State

*Zip

Gift Information:

*Gift Amount \$ _____ Check Enclosed

I would like to pay my gift in # _____ installments

I would like my gift to be Anonymous

My Company has a matching gift policy. I have included the form with my gift.

I would like my gift: In Honor of _____
In Memory of _____

Designate my Gift to:

Student Scholarships Student Life

Technology Upgrades Academic Programs

Undesignated (*college to determine most pressing needs*)

Credit Card Information Please complete all fields below if paying by credit card
I authorize Caldwell College to collect my gift using my credit card information below:

Card type (Circle one): Visa\ MasterCard\ Discover\ American Express

Account Number

Expiration Date

Name (*as it appears on the card*)

Thank you for your donation