



PERSONAL INFORMATION			
Title (ie. Dr./Mr./Mrs./Ms.): First Name	: Middle Initial:		
Last Name:	Suffix (ie. Jr./Sr. /PhD):		
Address:	Apartment/Unit State Zip Code		
	Other Phone: Business Mobile Year of Graduation:		
GIFT INFORMATION			
Join the CHANCELLOR'S CIRCLE! Make an annual gift of \$1,000 or more.			
PLEASE DIRECT MY GIFT TO:	PREFERRED PAYMENT OPTIONS		
☐ The Pitt Fund	☐ Check: Please make payable to University of Pittsburgh.		
☐ General Scholarship Fund ☐ Panthers Forward	□ Credit Card: □ Visa □ MasterCard □ Discover □ American Express Account No Expiration Date CVV		
Other	Signature		

Send forms and payment to: University of Pittsburgh, PO Box 640093, Pittsburgh, PA 15264-0093



ADDITIONAL GIFT INFORMATION

MATCHING GIFTS: This contribution will be matched by:		
My employer:		
Joint Donor's employer:		
☐ Corporate matching gift form(s) enclosed For instructions on how to make a corporate matching gift please contact your complete department or matching gift officer.	oany's hum	an resources
HONORARY AND MEMORIAL GIFTS:		
☐ Check here if this is a Memorial Gift		
Name of deceased individual:		
☐ Check here if this is an Honorary Gift		
Name of individual being honored:		
Reason or occasion:		
☐ Please notify the individual listed below that I have made this gift: Name		
Address		
Street Address	,	rtment/Unit#
City		ZIP Code
PLANNED GIFTS:		
\Box Check here to indicate that your will or trust provides for the University of	of Pittsbur	gh

THANK YOU FOR YOUR GENEROUS SUPPORT!

 \square Please check here if you would like more information on life income plans

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