

Hardship Fund Contribution Form -- 7/21/09

Name (please print):

Vassar ID:

Address:

Home Telephone:

Campus Extension:

Email address:

Circle one: Staff Administrator Student Faculty Friend

Signature:

1. I would like to make a one-time contribution in the amount of \$_____. My check is enclosed, made out to Vassar College and designated to the Vassar College Hardship Fund.

2. I would like to make a credit card contribution:

• One time contribution in the amount of \$_____

• Recurring gift of \$_____ x _____ (from two-seven months), for a total gift of \$_____

Credit card information: _____ Mastercard _____ Visa _____ American Express

Card number: _____

Expiration Date: _____

Print name as it appears on card:

Signature: _____

Please send this form to: **Box 725, Vassar College, 124 Raymond Ave., Poughkeepsie, NY 12604**