

Title	First name	Middle name	Last name	Maiden name (if applicable)	Suffix
Street address		City	State/province	Zip/postal code	Country
Home phone		Work phone	Email address		

Please check all that apply:

I am an alumnus/a, \_\_\_\_\_.  
Class/year

My spouse, \_\_\_\_\_, is an alumnus/a, \_\_\_\_\_.  
Full name (include maiden name if applicable) Class/year

Faculty/staff

I am a parent of a current or past Gordon College student.

I am a friend of Gordon College (non-alum).

Other affiliation: \_\_\_\_\_

I would like to support **Gordon College**. Please designate my gift to be used for the following:

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\$1,000     \$500     \$250     \$100     \$50     \$25     other \$\_\_\_\_\_

Charge credit card \$\_\_\_\_\_ monthly, beginning \_\_\_/\_\_\_/\_\_\_; ending \_\_\_/\_\_\_/\_\_\_

I am employed by a matching gift corporation and will contact my employer for the appropriate matching gift form, to be mailed to the Gordon College Development Office.

I authorize Gordon College to charge my     Visa     MasterCard     American Express

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration date    \_\_\_    \_\_\_  
Month    Year

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature    Date    Print name as it appears on card

Enclosed is my check payable to Gordon College.

**PLEASE MAIL THIS COMPLETED FORM TO**  
 Gordon College Development Office  
 255 Grapevine Road, Wenham, MA 01984  
 For information call 978.867.4232 or email giving@gordon.edu