

Thank you for supporting Lehigh University.

GIFT AMOUNT

- One time gift of \$ _____
- Recurring gift: Please charge my credit card \$ _____ per month for _____ months.

GIFT PURPOSE

- The Lehigh Fund, supporting Lehigh's greatest priorities
- Other _____

PERSONAL INFORMATION

Name(s) (please print) _____
Address Home Work _____
City, State, Zip _____
Phone Home Work Cell _____
Email Home Work _____

EMPLOYER INFORMATION

Company Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____
 My employer offers a matching program, matching _____ % of my gift. I plan to submit this gift for matching by my employer.

Lehigh University's fiscal year runs from July 1–June 30. Contributions support Lehigh University, a 501(c)(3) nonprofit organization. Please consult your tax advisor for specific deduction information.

GPDF

METHOD OF PAYMENT

- Check made payable to **Lehigh University**
 - Credit card (check one):
 - Visa Mastercard Am Ex Discover
- Card # _____
Exp. Date _____ CVV Code _____
Signature _____
Date _____

Or, give online at give.lu/lehighfund or by phone at **(866) 758-2586** between 12 p.m. and 9 p.m. ET.

ADDITIONAL GIVING OPTIONS

- Please check all that apply:
- I would like to receive information on matching gifts.
 - I would like to receive information regarding gifts of securities.
 - I would like to learn more about including Lehigh in my estate plans.

Please mail to:
Lehigh University
Office of Development and Alumni Relations
306 S. New St. | Ste. 500
Bethlehem, PA 18015-1652

