



**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.

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**METHOD OF PAYMENT**

- Check made payable to **Lehigh University**
- Credit card (circle one):

Visa    Mastercard    Am Ex    Discover

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Or, give online at [give.lu/lehighfund](https://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

