

COMING TOGETHER WHEN THE NEED IS GREATEST:

Annual gifts to Canisius are vital to the future of the college and honor the commitment we have made to current Griffins. Your gift provides resources that support all facets of a Canisius education by providing essential funding for scholarships, academic and athletic excellence and distinguished learning experiences that animate our Jesuit educational mission. Thank you!

FULL NAME (please print above)			
ADDRESS	CITY	STATE	ZIP
	PHONE NUMBER	BUSINESS	HOME CELL
Yes, I/we wish to invest in a student's edu	cation and experience by supportin	g the Canisius Fun	d.
\Box Canisius Fund (to be used where the ne	ed is greatest)	\$	
\Box In addition, I/we would like to support:		\$	
 Single Payment Enroll me in the monthly giving program wi 	th monthly payments of \$		
Single Payment			
Enroll me in the monthly giving program wi			
Recurring (until I notify Canisius other	rwise)		
☐ For months			
Enclosed is a check (to be made payable to Canis	;ius College) in the amount of $~~$		
Multi-year pledge of \$ for the	e next ————— years.		
You will be billed at the beginning of the next month	n if no preferred schedule is indicated. P	lease bill me in mon	th(s):
My employer/spouse's employer will match my/	our gift. Name of gift matching com	ipany:	
□ I have enclosed my matching gift form or applie	ed for my match online.	· · ·	
CARD NUMBER	EXP.	DATE	CVV# (REQUIRED)
NAME ON CARD	SIGNATURE		