



CANISIUS UNIVERSITY

CANISIUS FUND

P.O. Box 8000
Department 177
Buffalo, NY 14240-9920
canisius.edu/give
1.800.201.4952

COMING TOGETHER WHEN THE NEED IS GREATEST

Annual gifts to Canisius are vital to the future of the **university** 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

EMAIL ADDRESS BUSINESS HOME PHONE NUMBER BUSINESS HOME CELL

Yes, I/we wish to invest in a student's education and experience by supporting the Canisius Fund.

Canisius Fund (to be used where the need is greatest) \$ _____

In addition, I/we would like to support: _____ \$ _____

PAYMENT/PLEDGE OPTIONS (Make your gift anytime at canisius.edu/give)

Credit Card Payment: Visa Mastercard Discover American Express

Single Payment

Enroll me in the monthly giving program with monthly payments of \$ _____

Recurring (until I notify Canisius otherwise)

For _____ months

Enclosed is a check (to be made payable to Canisius University) in the amount of \$ _____

Multi-year pledge of \$ _____ for the next _____ years.

You will be billed at the beginning of the next month if no preferred schedule is indicated. Please bill me in month(s): _____

My employer/spouse's employer will match my/our gift. Name of gift matching company: _____

I have enclosed my matching gift form or applied for my match online.

CARD NUMBER EXP. DATE CVV# (REQUIRED)

NAME ON CARD SIGNATURE