



PROVIDENCE COLLEGE PLEDGE AND GIFT FORM 2021 – 2022

NAME _____ ALUMNI/PARENT YEAR _____

SPOUSE NAME _____ SPOUSE ALUMNI/PARENT YEAR _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____ EMAIL ADDRESS _____

ONE-TIME GIFT INFORMATION

Yes, I/we want to support Providence College by:

Making a one-time gift \$ _____

I/we would like this gift to support:

- The Fund for Providence College
 - Area of Greatest \$ _____
 - Emergency Student Support \$ _____
 - Varsity Athletics \$ _____
 - Financial Aid \$ _____
 - Diversity, Equity, and Inclusion \$ _____

Other Designation: _____ \$ _____

This is an anonymous gift. Yes No

I've included Providence College in my estate plans.

PLEDGE GIFT INFORMATION

Yes, I/we want to support Providence College by:

Making a pledge gift \$ _____

- The Fund for Providence College*
- Other Designation: _____

	The Fund for PC	Other
FY22 (7/1/21 – 6/30/22)	\$ _____	\$ _____
FY23 (7/1/22 – 6/30/23)	\$ _____	\$ _____
FY24 (7/1/23 – 6/30/24)	\$ _____	\$ _____
FY25 (7/1/24 – 6/30/25)	\$ _____	\$ _____
FY26 (7/1/25 – 6/30/26)	\$ _____	\$ _____

Please select your pledge reminder frequency:

- monthly quarterly annually

*I/we would like this gift to The Fund for Providence College to support:

- Area of Greatest Need \$ _____
- Emergency Student Support \$ _____
- Varsity Athletics \$ _____
- Financial Aid \$ _____
- Diversity, Equity, and Inclusion \$ _____

METHOD OF PAYMENT

Check Made payable to *Providence College*. Mail to: Providence College, P.O. Box 834, Providence, RI 02901

Credit Card

- Visa Mastercard American Express Discover

CREDIT CARD NUMBER _____ EXP. DATE (MM/YY) _____

MATCHING GIFT

My company will match my gift. Company Name: _____

SIGNATURE

Date: _____