

The School of Pharmacy and Pharmaceutical Sciences Charitable Gift Form

Please complete and mail to:

Binghamton University Foundation
PO Box 6005
Binghamton, NY 13902-6005



Donor's name: _____

Is gift joint with spouse? YES or NO If YES, spouse name: _____

Mailing address: _____

City, state, zip: _____ Home phone: _____

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Donor constituency type (check all that apply):

- Alumna/us _____ Parent _____ Faculty/staff Friend Corporation Foundation
class year *student name, class year*

Designate my/our *gift of \$ _____ as follows:

\$ _____ Binghamton Fund for the School of Pharmacy and Pharmaceutical Sciences (#10316)

\$ _____ Excellence Fund for Pharmacy Students (#11093)

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\$ _____ Pharmacy School Equipment Fund (#11071)

\$ _____ Other (please specify): _____

The **Founders Society** recognizes donors for ***gifts of \$1,000** or more to any fund account in support of the School of Pharmacy and Pharmaceutical Sciences from the school's inception to June 30, 2021, in celebration of the first graduating class.

Enclosed is my check, payable to **Binghamton University Foundation**.

SPEC/DEPT

Charge my gift to (circle one): Visa MasterCard American Express Discover

Card number: _____ Exp. date: _____

Name as it appears on card: _____ Card security code: _____