

Complete and send form, with your gift, to: CCSU Foundation, Inc. PO Box 612 New Britain, CT 06050-0612

Yes! I/We want to support the CCSU Annual Fund

July 1 - June 30

WEB

Name (include	maiden name	if applicable)_						
Spouse Name ((if applicable) _							
Address								
City, State, Zip								
Home Phone (i	including area o	ode)		Email				
Graduation Yea	ar (if applicable)	Sp	Spouse Graduation Year (if applicable)				
	y companies m please complet					-		oany,
Name & Addre	ess of matching	gift company (if applicable)					
Gift Amount	\$1,000	□\$500	□\$250	□\$100	□\$50	□Othe	er\$	
Apply my gift to	o:	Programs	□Annual			orary* Studies	□Cultural En	hancements* & Technology
□Other (speci	fy)							
□Enclosed is n	ny check payab	le to the <i>CCSU</i>	Foundation,	Inc.				
Charge my 〔	Jamex 🗖 V	isa □Mast	erCard □[Discover				
Credit Card # _			Ехі	o. Date (mm/yy	ууу)		CCV Code	
Signature (requ	uired for credit	card gifts)						

THANK YOU FOR SUPPORTING CENTRAL CONNECTICUT STATE UNIVERSITY!