



The Canisius Fund campaign will conclude on **May 31**. Please return this form with your gift.  
 To charge your gift by phone, please call **716-888-2712** or **1-800-201-4952**.  
 To make your gift online, please visit **canisius.edu/give**

FULL NAME ( PLEASE PRINT ABOVE ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

PREFERRED EMAIL \_\_\_\_\_

**I/we want to support Canisius students!**

**My leadership gift:**

\$ \_\_\_\_\_ **Canisius Fund** (to be used where the need is greatest at Canisius College.)

\$ \_\_\_\_\_ **In addition, I would like to support:**

- Blue & Gold Fund (athletics)
- John J. Hurley '78 Presidential Discretionary Fund
- Tuition Assistance for Students
- Other \_\_\_\_\_



**Magis Giving Circle**

*Chairman's Circle - \$25,000 or more*  
*1870 Founder's Club - \$10,000 - \$24,999*  
*Peter Canisius Fellow - \$5,000 - \$9,999*



**Leadership Society**

*President's Council Benefactor - \$2,500-\$4,999*  
*President's Council Member - \$1,000 - \$2,499*

**Young Alumni** (gift levels vary by undergraduate class year)  
*One and two years since graduation - \$100*  
*Three to five years since graduation - \$250*  
*Six to eight years since graduation - \$500*  
*Nine and ten years since graduation - \$750*

- Enclosed is a check for \$ \_\_\_\_\_ made payable to Canisius College.
- Single-year pledge of \$ \_\_\_\_\_ payable through May 31. Please bill me in month(s): \_\_\_\_\_  
*(You will be billed at the beginning of the next month if no preferred schedule is indicated.)*
- Multi-year pledge of \$ \_\_\_\_\_ for the next \_\_\_\_\_ years. Please bill me in month(s): \_\_\_\_\_  
*(You will be billed at the beginning of the next month if no preferred schedule is indicated.)*
- Credit Card Payment:  Visa  Mastercard  Discover  American Express
  - Single Payment
  - Enroll me in the monthly giving program with monthly payments of \$ \_\_\_\_\_
    - For \_\_\_\_\_ months
    - Recurring (until I notify Canisius otherwise)

CARD NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_

CVV# (REQUIRED) \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

- My employer/spouse's employer will match my/our gift. Name of Employee: \_\_\_\_\_
- I have enclosed my matching gift form or applied for my match online.