NORTHERN ILLINOIS UNIVERSITY FOUNDATION

Please print this form and mail it with your donation to the address at the bottom of this page.

Name: _____
First Middle Last Maiden

Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone _____ E-mail address _____

Spouse's name: _____

I am a(n): Alumnus(a) (grad year _____) NIU Parent NIU Faculty/Staff
Student Friend Other

Gift Information:

A check for my gift of $_____ is enclosed.
(Checks should be made payable to the Northern Illinois University Foundation.)

Please charge my gift of $_____ to the following credit card: Circle one:
VISA MasterCard Discover American Express

Account Number: _____ Expiration Date: _____

Signature: _____

Gift Designation:

Where the need is greatest
Athletics
The College of: _____
University Libraries
Other: _____

Please check with your employer to see if your gift can be matched.

I am responding to:

a call from the Northern Fund

a letter from the Northern Fund

an email from the Northern Fund

Please mail this form and your gift to:

Northern Illinois University Foundation
P.O. Box 746
DeKalb, IL 60115-0746