



PROVIDENCE COLLEGE Faculty and Staff Gift and Pledge Form

NAME _____ ALUMNI/PARENT YEAR _____

DEPARTMENT/OFFICE _____ BANNER ID _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

CAMPUS EXTENSION _____ CAMPUS EMAIL ADDRESS _____

ONE-TIME GIFT INFORMATION

Yes, I want to support Providence College by:

Making a one-time gift \$ _____

I would like this gift to support:

The Fund for Providence College

Area of Greatest Need (PC Fund) \$ _____

Financial Aid \$ _____

Emergency Student Support (Angel Fund) \$ _____

Varsity Athletics (Friars Forever Athletic Fund) \$ _____

Other Designation: _____ \$ _____

This is an anonymous gift. Yes No

I've included Providence College in my estate plans.

PLEDGE GIFT INFORMATION

Yes, I want to support Providence College by:

Making a pledge gift \$ _____

The Fund for Providence College*

Other Designation: _____

| | The Fund for PC | Other |
|-------------------------|-----------------|----------|
| FY21 (7/1/20 – 6/30/21) | \$ _____ | \$ _____ |
| 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) | \$ _____ | \$ _____ |

Please select your pledge reminder frequency:

monthly quarterly annually

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

Area of Greatest Need (PC Fund) \$ _____

Financial Aid \$ _____

Emergency Student Support (Angel Fund) \$ _____

Varsity Athletics (Friars Forever Athletic Fund) \$ _____

METHOD OF PAYMENT

Check Made payable to *Providence College*.
Mail to: *Providence College, Office of Institutional Advancement, Harkins Hall, Suite 412, Attn: Annual Giving*

Credit Card Visa Mastercard American Express Discover

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

MATCHING GIFT

My spouse works for a company that will match my gift. Company Name: _____

SIGNATURE

Date: _____