

Giving to Albion

Please complete this form and return it to:

Albion College
Office of Annual Giving
611 E. Porter Street
Albion, MI 49224

Yes! I/We would like to be a part of continuing advancement of Albion College!

Name(s): _____ Class Year(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Enclosed is my/our contribution of \$ _____.

(Please make checks payable to Albion College.)

Other information or designations: _____

I/We would like to make my/our contribution by credit card.

Visa

MasterCard

Discover

Card Number: _____ Expiration Date: _____

Signature: _____

My/Our employer will match this gift.

Form Enclosed

Will Send Form