

CLASS OF 1966 GIFT FORM



WAYS TO GIVE

Make a gift **online** by visiting: stevens.edu/makeagift

Call the Office of Development and speak with Melissa Fuest at 201-216-3346.

Complete and **mail** this form to:

Stevens Institute of Technology
Office of Development
1 Castle Point Terrace
Hoboken, NJ 07030

CONTACT INFORMATION:

NAME: _____ CLASS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

All information is confidential and used for Stevens Institute of Technology purposes only.

I would like to remain anonymous.

GIFT INFORMATION:

I would like to give \$ _____ to the:

- The Stevens Fund
- Stevens Scholarship Fund
- The Class of 1966 Memorial Scholarship**
- School/College of _____
- Stevens Athletics Fund: Team _____
- Other _____

Note: Your gift of \$1,000 or more entitles you to membership into The Edwin A. Stevens Society.

PAYMENT INFORMATION:

Enclosed is cash \$ _____

Enclosed is a check made payable to Stevens Institute of Technology.

I am transferring appreciated securities*.

I would like to charge payment to my: VISA MasterCard American Express Discover

_____ / _____
Card Number

CVN

Expiration

Signature

**Gifts of appreciated securities may be deducted at full market value on the date of transfer to Stevens Institute, and if the donor has owned them for at least 12 months, they will not be subject to tax on appreciated value. If you have questions about such a transfer, please call Amy Krause, in the Office of Development, at 201-216-5226.*

TRIBUTES:

I would like to make this gift in tribute to a special person.

Name: _____

In honor of

In memory of

A notice will be sent to the honoree or next-of-kin notifying them of this special tribute. If the honoree is not a Stevens affiliate or this is a memorial gift, please provide the following contact information:

(Next-of-kin) Name: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSTALLMENTS / MATCHING GIFT:

I would like to make my gift in installments.

My pledge of \$ _____ will be paid in _____
(number) installments at the frequency indicated:

Annually Semi-annually Quarterly
Other: _____

Please indicate the date/month when future pledge reminders should begin: _____

My gift is eligible to be matched by:

(company name)