



PERSONAL INFORMATION				
Title (ie. Dr./Mr./Mrs./Ms.): First Nam	e: Middle Initial:			
	Suffix (ie. Jr./Sr. /PhD):			
Address:	Apartment/Unit State Zip Code			
	Other Phone: Business Mobile Mobile			
GIFT INFORMATION				
Join the CHANCELLOR'S CIRCLE! Make an annual gift of \$1,000 or more.				
PLEASE DIRECT MY GIFT TO:	PREFERRED PAYMENT OPTIONS			
☐ The Pitt Fund	\square Check: Please make payable to University of Pittsburgh.			
☐ General Scholarship Fund ☐ Panthers Forward	☐ Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express Account No.			
Other	Expiration Date CVV Signature			
GIFT AMOUNT \$				

Send forms and payment to: University of Pittsburgh, PO Box 640093, Pittsburgh, PA 15264-0093



ADDITIONAL GIFT INFORMATION

MATCHING (GIFTS: This contribution will be matched by:			
My employer:				
Joint Donor's em	ployer:			
•	tching gift form(s) enclosed how to make a corporate matching gift please contact your company's ching gift officer.	s humar	n resources	
HONORARY	AND MEMORIAL GIFTS:			
☐ Check here if t	this is a Memorial Gift			
Name of dece	eased individual:			
☐ Check here if t	this is an Honorary Gift			
Name of indiv	vidual being honored:			
Reason or occ	asion:			
☐ Please notify the individual listed below that I have made this gift: Name				
	treet Address		nent/Unit#	
-	City St	ate	ZIP Code	
PLANNED GI	IFTS:			
\square Check here to	indicate that your will or trust provides for the University of Pitt	tsburgh	1	

THANK YOU FOR YOUR GENEROUS SUPPORT!

 \square Please check here if you would like more information on life income plans

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