



PROVIDENCE COLLEGE PLEDGE AND GIFT FORM 2023 – 2024

NAME (First, Middle Initial, Last) _____ MAIDEN NAME _____ ALUMNI/PARENT YEAR _____

SPOUSE NAME (First, Middle Initial, Last) _____ MAIDEN NAME _____ SPOUSE ALUMNI/PARENT YEAR _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____ EMAIL ADDRESS _____

ONE-TIME GIFT INFORMATION
Yes, I/we want to support Providence College by:

Making a one-time gift \$ _____

I/we would like this gift to support:

The Fund for Providence College

Area of Greatest \$ _____

Emergency Student Support \$ _____

Varsity Athletics \$ _____

Financial Aid \$ _____

Diversity, Equity, and Inclusion \$ _____

Other Designation: _____ \$ _____

PLEDGE GIFT INFORMATION
Yes, I/we want to support Providence College by:

Making a pledge gift \$ _____

The Fund for Providence College*

Other Designation: _____

	The Fund for PC	Other
FY24 (7/1/23 - 6/30/24)	\$ _____	\$ _____
FY25 (7/1/24 - 6/30/25)	\$ _____	\$ _____
FY26 (7/1/25 - 6/30/26)	\$ _____	\$ _____
FY27 (7/1/26 - 6/30/27)	\$ _____	\$ _____
FY28 (7/1/27 - 6/30/28)	\$ _____	\$ _____

Please select your pledge reminder frequency:
 monthly quarterly annually

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

Area of Greatest Need \$ _____

Emergency Student Support \$ _____

Varsity Athletics \$ _____

Financial Aid \$ _____

Diversity, Equity, and Inclusion \$ _____

This is an anonymous gift. Yes No

I've included Providence College in my estate plans.

METHOD OF PAYMENT

Check Made payable to *Providence College*. Mail to: Providence College, P.O. Box 834, Providence, RI 02901

Credit Card

Visa Mastercard American Express Discover

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

MATCHING GIFT
 My company will match my gift. Company Name: _____

SIGNATURE _____ Date: _____