



NAME (First, Middle Initial, Last) MAIDEN NAME ALUMNI/PARENT YEAR(S)
SPOUSE NAME (First, Middle Initial, Last) MAIDEN NAME ALUMNI/PARENT YEAR(S)
BILLING ADDRESS CITY STATE ZIP
EMAIL ADDRESS PREFERRED PHONE PHONE TYPE

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 Need \$
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 \$
I/we would like this gift to support:
The Fund for Providence College
Area of Greatest Need \$
Emergency Student Support \$
Varsity Athletics \$
Financial Aid \$
Diversity, Equity and Inclusion \$
Other Designation: \$

This gift is in honor of in memory of

Please send me a receipt.

This is an anonymous gift.

I've included Providence College in my estate plans.

Table with 3 columns: Year (FY25-FY29), The Fund for PC, Other. Rows for each fiscal year with dollar amounts.

Pledge reminders are sent quarterly.

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 EXP. DATE (MM/YY) CVV

MATCHING GIFT

My company will match my gift. Company Name:

SIGNATURE

DATE