



# Gift by Mail Form

## Bethune-Cookman University

### Donor Information (please print or type)

Name		
Billing address		
City		
State/Zip	State	Zip Code
Telephone (home)		
Telephone (business)		
<b>E-Mail</b>		

### I want to support:

<input type="checkbox"/> Vision Validators	<input type="checkbox"/> Scholarships
<input type="checkbox"/> UNCF	<input type="checkbox"/> Concert Chorale
<input type="checkbox"/> Other _____	<input type="checkbox"/> Athletics _____

### Gift Payment Information

I (we) plan to make this contribution in the form of:

check  credit card

Credit card type	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Credit card number	
Expiration date	

I (we) wish to have our gift remain anonymous.

Signature(s)	Date:
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Please make checks payable to:

#### **Bethune-Cookman University**

Attn: Institutional Advancement  
640 Dr. Mary McLeod Bethune Blvd.  
Daytona Beach, FL 32114

For assistance call 386-481-2952

Thank you for your generous support of Bethune-Cookman University!