BONES GATE AT DARTMOUTH 2024-2025 DONATION REPLY FORM



MY GIFT

Enclosed is my gift of \$_

	☐ Fogcutters Founder	\$1,000 or more
First name	☐ Bones Gate Association	\$500–\$999
Last nameSuff	☐ 10 Webster Ave. Association	\$250–\$499
Address	☐ Alumni Dues: More than five years out of college	
City State Zip	☐ Alumni Dues: First five years out of college	
Country	Make check payable to "10 Webster Avenue	
Preferred name	WWW.ALUMNIRECORDS.ORG/BONESGATE	
Grad year Initiation year	WWW.ALUMNIRECURDS.URG/BUNI	ESUALE
Preferred email	GIVE BY CREDIT CARD	
Preferred home phone	☐ Visa ☐ Mastercard ☐ Discover ☐ American Exp	iress
Preferred cell phone	Card#	
Employer	Exp. date CVV Amount: \$	
Position	Signature	
	I would like to set this gift up as a recurring donation on my credit card	
☐ I am interested in being a volunteer.	☐ Monthly ☐ Quarterly ☐ Annually	
☐ Please contact me about leaving a legacy gift (estate, life insurance, will, etc.).	Contributions are not deductible as charitable donations for fede	eral income tax purposes.
My news (personal, professional, family, etc.)		