



Name (first, middle, last)	Class Year	
ouse Name Class Year		Class Year
Home Address		
City, State, ZIP		
Preferred Phone		☐ Cell ☐ Business
Preferred E-Mail		☐ Home ☐ Business
Employer Po:	sition	
Business Address		
City, State, ZIP		
Does your employer participate in a matching-gift program?  Yes, matching form is enclosed.  Yes, matching form will be mailed separately.  No.  To find out if your employer (or spouse's employer) has a matching-gift program, check with your company's human resource or personnel office, or look online at www.matchinggifts.com/capital.		
Please indicate the amount and designation of your gift:  \$ Capital Fund (main campus annual fund)  \$ Excellence Fund (Law School annual fund)  \$ Other - Please specify:  This is a new, one-time gift.		
<ul> <li>☐ This is a pledge payment.</li> <li>☐ This is a joint gift. Name of other individual to receive recognition</li> <li>☐ This is a new, recurring credit card gift.</li> <li>How often should the recurring gift be donated?</li> </ul>	onthly	ally $\square$ Annually
Additional comments or instructions:		
Payment Method  ☐ Enclosed is a check or money order made payable to Capital University ☐ VISA ☐ Mastercard ☐ Discover  Cardholder Name	Card Number	
Expiration Date Signature		
Tribute Gift This gift is	In honor of	
Please notify the following individual of my gift:		
Name Address		
City, State, ZIP		
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Please return this form to: Capital University, Development Office, 1 College and Main, Columbus, OH 43209-2394.		

For more information: call 866-704-0742 or e-mail gifts@capital.edu. You can also make your gift online: www.capital.edu/give.

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