

THE HILLSDALE COLLEGE PARENT ASSOCIATION PROJECT

I/We wish to support the **Parent Project**:

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ E-mail _____

\$1,000 \$500 \$365 Other \$ _____

Please use this gift for: Operating Budget Student Union Other _____

My/Our total donation, check or money order – payable to **Hillsdale College** – is enclosed.

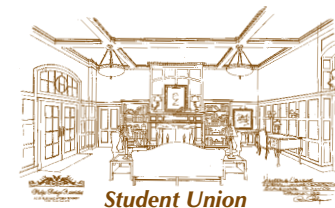
I/We pledge a payment schedule as follows : \$ _____ pd. by _____, \$ _____ pd. by _____, \$ _____ pd. by _____

Signature _____ Date _____

(Cardholder signature is necessary to validate your card payment)

Please charge my (check one): Visa MasterCard Discover Card No. _____ Exp. _____

“A Dollar a Day Keeps the Feds Away”



Note: Gifts to Hillsdale are deductible to the full extent of federal and state tax laws. A reminder will be sent in advance of due date(s). Official receipt will be forthcoming from the College.

Got a Match?

My/Our employer matches gifts to higher education.

The matching form:

is enclosed will be sent later

Employer Name