

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

My annual donations will arrive:

monthly quarterly

semi-annually (months: _____ & _____)

yearly (month: _____)

beginning with my initial gift of \$ _____ on _____ (date)

Please charge my (select one) Visa MasterCard Discover
per schedule indicated above (please sign the bottom of card for card validation).

Card No. _____ Exp. Date _____

My employer matches gifts to higher education.

The matching gift form is enclosed will be sent later

Employer Name _____

Please do do not send reminders at appropriate time.

SIGNATURE _____

(Required to validate your membership and card payment.)

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), if you choose. Official receipt will be forthcoming.