



# TRIBUTE DONATION FORM

**Mail Completed Form To:**

Hillsdale College  
Attn: Gift Processing  
33 E College St.  
Hillsdale, MI 49242

## Donor Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Contribution Information

Donation Amount: \$ \_\_\_\_\_  Monthly  One-Time

Credit Card  Check

Please charge my: \_\_\_\_\_  Visa  MasterCard  AMEX  Discover

Card No. \_\_\_\_\_

Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_

PLEASE USE THIS CARD TO AUTO-CHARGE

Signature \_\_\_\_\_

## Donation Dedication

PLEASE DESIGNATE THIS DONATION TO:  AREA OF GREATEST NEED  K12  IMPRIMIS  ONLINE COURSES  OTHER \_\_\_\_\_

My donation is in honor of \_\_\_\_\_

My donation is in memory of \_\_\_\_\_

PLEASE SEND A NOTIFICATION TO: \_\_\_\_\_ *(Your gift amount will not be included in the notice.)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Questions?** Email [DonorServices@hillsdale.edu](mailto:DonorServices@hillsdale.edu) or call (517) 607-2727.

**HILLSDALE.EDU**