

## THANK YOU FOR YOUR GIFT TO CELEBRATE THE 85TH ANNIVERSARY OF GREEK LIFE AT RU!

**The Greek organization that raised the most funds and that has the best participation percentage will be recognized at the anniversary celebration at Homecoming, Oct. 10–12.**

OFFICE OF UNIVERSITY ADVANCEMENT  
**RADFORD UNIVERSITY**

P.O. Box 6893 | Radford, VA 24142  
(540) 831-5407 | Fax (540) 831-5805 | [ruadvancement@radford.edu](mailto:ruadvancement@radford.edu)  
[giveto.radford.edu](http://giveto.radford.edu) (to make your gift online)

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

Greek Organization: \_\_\_\_\_ Class year: \_\_\_\_\_

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

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

E-mail address: \_\_\_\_\_

Phone: (            ) \_\_\_\_\_

**Please indicate your gift amount and designation on the opposite side.**

Thank you very much for your support this year. Contributions are tax-deductible as allowed by law.

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I want to celebrate 85 years of Greek Life at RU with a gift of:

☐ \$185   ☐ \$385   ☐ \$585   ☐ \$850   ☐ Other: \$ \_\_\_\_\_

My gift is ☐ in honor of or ☐ in memory of \_\_\_\_\_

To benefit the:

☐ Greek Leadership Training Fund

☐ Dr. Noel Eggleston Greek Scholarship Fund

☐ Greek Programs Fund

☐ Other (please specify): \_\_\_\_\_

☐ I would like to learn more about planned giving options to support Greek Life at RU.

☐ Enclosed is my check (*Payable to Radford University Foundation, Inc.*)

☐ I prefer to make a gift by credit card payment.

☐ Visa   ☐ MasterCard   ☐ AMEX   ☐ Discover

☐ Monthly credit card payments

Number of payments: \_\_\_\_\_ Amount per month: \_\_\_\_\_

Start month: \_\_\_\_\_

☐ One-time credit card payment

Signature: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. date: \_\_\_\_ / \_\_\_\_

CVV2 #: \_\_\_\_\_ (This is the 3-digit # on the back of your card.)

**Please fill in your personal information on the opposite side.**