

Thank you for your support of Radford University students! Your gift will make a difference now and in the future.

15MSCLASS

OFFICE OF UNIVERSITY ADVANCEMENT
RADFORD UNIVERSITY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Employer: _____

Phone: () _____

Yes! I would like to learn more about my options for a planned gift.

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

P.O. Box 6893 | Radford, VA 24142

(540) 831-5407 | Fax (540) 831-5805 | ruadvancement@radford.edu

giveto.radford.edu (to make your gift online)

Please designate my/our gift of \$ _____ to the following program(s):

Radford University Endowed Scholarship Fund

The Radford Fund

Other (please specify) _____

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)