

Please complete the following information and mail your gift to the address below.

Office of Gift Acceptance
University of Maryland, College Park
4191 Riggs Alumni Center
College Park, MD 20742

Choose Your Amount

All gifts to the University of Maryland are tax deductible as allowed by law and create invaluable experiences for current and future Terps. See your tax advisor for details.

Please accept my total gift of:

\$1,000 **\$500** **\$250** **\$150** **\$50**

OTHER: \$ _____

Designations

Please designate my gift to:

DESIGNATION	AMOUNT
<input type="checkbox"/> Where Maryland's Need is Greatest	\$ _____
<input type="checkbox"/> School/College of _____	\$ _____
<input type="checkbox"/> Department of _____	\$ _____
<input type="checkbox"/> Libraries	\$ _____
<input type="checkbox"/> Clarice Smith Performing Arts Center	\$ _____
<input type="checkbox"/> Keep Me Maryland (Scholarships)	\$ _____
<input type="checkbox"/> Student Affairs	\$ _____
<input type="checkbox"/> Athletics (Terrapin Club)	\$ _____
<input type="checkbox"/> Other _____	\$ _____

Membership Options

- Single** Annual • \$55
 3-Year • \$108
 Lifetime • \$850
 Lifetime Installment Plan •
5 Annual Payments of \$210
- Joint** Annual • \$70
 3-Year • \$168
 Lifetime • \$950
 Lifetime Installment Plan •
5 Annual Payments of \$240

Total Gift & Membership Amount \$ _____

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Contact Information

Name: _____ Graduation year: _____

Grad. College/School: _____

Spouse/Partner Name: _____ Graduation year: _____

Home Address: _____

City, State, Zip: _____

This is my preferred mailing address

Home Phone: _____ Home Email: _____

This is my preferred phone number This is my preferred email address

Spouse/Partner Email: _____

Business Information

Employer: _____

Job Title: _____

Address: _____

City, State, Zip: _____

This is my preferred mailing address

Work Phone: _____ Work Email: _____

This is my preferred phone number This is my preferred email address

Spouse/Partner Employer: _____

Spouse/Partner Job Title: _____

Spouse/Partner Email: _____

Payment Information

Check

Make check payable to UMCPE

Credit Card

Charge my credit card \$ _____ for the next _____ months for a total gift of \$ _____.

OR

Charge my credit card for a one-time payment of \$ _____.

Card Number: _____

Name as it appears on card: _____

Expiration Date (required): _____ Zip Code (required): _____

Signature (required): _____

Make your gift online at www.giving.umd.edu.

Matching Gift

My / My spouse's company will match my gift.

Company's Name: _____

For more information on matching gifts, or to find out if your company will match your gift, please visit our online directory at www.mdexcellence.umd.edu/match