



YES, I will support the Annual Fund with a gift or pledge of \$ _____

- My check (payable to Johnson College) is enclosed.
- Please bill me for my donation.
- My/my spouse's employer will match this gift (form enclosed).
- I wish my gift to remain anonymous.

Name _____
(as it should appear in the Annual Report)

Address _____
_____ Graduation Year _____

Telephone _____ Email _____

Gift Categories

<input type="checkbox"/> O.S. Johnson Founder's Circle	\$1,500 or more
<input type="checkbox"/> President's Association	\$1,000 - \$1,499
<input type="checkbox"/> Richmond Hall Club	\$500 - \$999
<input type="checkbox"/> Johnsonian Partner	\$250 - \$499
<input type="checkbox"/> Johnson College Investor	\$100 - \$249
<input type="checkbox"/> Johnson College Associate	\$10 - \$99

To pay by credit card: MC Visa Discover
 Card # _____ Exp. Date _____
 Cardholder Name _____
 Signature _____

- I have checked a dedication on the reverse side.
- Please have someone contact me to discuss special gifts such as bequests or gifts of stock.

Donations are tax deductible to the extent allowed by law.

You may designate your gift to the Johnson College Annual Fund as a Memorial or Honor Tribute.
 To do so, please complete the following:

- In memory of:
- In honor of:

Send recognition card to:

Name _____

Address _____

City/State/Zip _____

How would you like the recognition card signed? _____