

CLEMSON FUND

Your annual gift makes a difference.

Thank you for making a gift to the Clemson Fund.

Please print this page, fill in the information and send to:
Clemson Fund, P.O. Box 1889, Clemson, SC 29633-1889

Please restrict this gift to support the priorities of:

Chemistry Department Discretionary Account

Other: _____

I HAVE MADE PROVISIONS

OR

I WOULD LIKE TO MAKE PROVISIONS FOR CLEMSON IN MY WILL.

NOW'S THE TIME TO MAKE YOUR CLEMSON FUND GIVING RECORD PERFECTLY CONSECUTIVE.

I would like to catch up _____ years of giving at \$10 per year.

For proper processing and recording of your gifts, please include the following information:

Name _____ CU Class _____

Spouse _____ CU Class _____

Address _____

City/State/ Zip _____

Company Position (Job) _____

I have enclosed my company's matching gift form

HOME PHONE _____

OFFICE PHONE _____

Amount enclosed \$ _____

METHOD OF PAYMENT: Check VISA MasterCard

Clemson Visa AMEX

Clemson MC

Credit Card Number _____

Expiration Date _____ CW: _____

PRINT NAME AS APPEARS ON CARD _____

SIGNATURE _____

Date _____

Our fiscal year is July 1-June 30. Please make check payable to: Clemson Fund.