

PROVIDENCE COLLEGE PLEDGE AND GIFT FORM 2022 – 2023

NAME			ALUMNI/PARENT YEAR
SPOUSE NAME		SPOUSE	ALUMNI/PARENT YEAR
BILLING ADDRESS CITY	STATE		ZIP
HOME PHONE CELL PHONE	WORK PHONE EM.	AIL ADDRESS	
ONE-TIME GIFT INFORMATION	PLEDGE GIFT INFORMATIO		
Yes, I/we want to support Providence College by:	Yes, I/we want to support I	Providence College by:	
☐ Making a one-time gift \$	Making a pledge gift		\$
16		☐ The Fund for Providence College*	
I/we would like this gift to support:	☐ Other Designation:		
☐ The Fund for Providence College		The Fund for PC	Other
□ Area of Greatest \$	FY23 (7/1/22 - 6/30/23)	\$	\$
☐ Emergency Student Support \$	FY24 (7/1/23 - 6/30/24)	\$	\$
□ Varsity Athletics \$	FY25 (7/1/24 - 6/30/25)	\$	\$
☐ Financial Aid \$	FY26 (7/1/25 - 6/30/26)	\$	\$
☐ Diversity, Equity, and Inclusion \$	FY27 (7/1/26 - 6/30/27)	\$	\$
☐ Other Designation:	Please select your pledge reminder frequency: monthly quarterly annually		
	*I/we would like this gift to The Fund for Providence College to support:		
	☐ Area of Greatest Need	☐ Area of Greatest Need	
	☐ Emergency Student Sup	■ Emergency Student Support	
	☐ Varsity Athletics		\$
	☐ Financial Aid		\$
This is an anonymous gift. \square Yes \square No	☐ Diversity, Equity, and Inclusion		\$
$\hfill \Box$ I've included Providence College in my estate plans.			
METHOD OF PAYMENT Check Made payable to Providence College. Mail to: Providence College.	dence College, P.O. Box 834, Providenc	ee, RI 02901	
	1 Discover		
CREDIT CARD NUMBER		EXP. DA	ΓE (MM/YY)
MATCHING GIFT My company will match my gift. Company Name: SIGNATURE			