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Name: _____ GC alumni: Yes No Year: _____

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Children's names & ages: _____

Gift information:

I am pleased to make a gift to Goshen College of:

\$50 \$100 \$500 \$1,000 \$_____

Gift designation: Goshen College Fund Other: _____

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Company name: _____

Form is enclosed I will send form I am doing match form on-line

Please let me know if my employer matches charitable gifts:

Company name: _____

My check or money order is enclosed. Please make checks payable to Goshen College.

Please charge \$ to my (check one): Visa Master Card Discover

Required: Card #: _____ - _____ - _____ - _____ Expiration date: ____ / ____

Signature: _____

We deeply appreciate your gift, prayers and support for Goshen College.



Send your gift to:

Development Office
Goshen College
1700 S Main St
Goshen IN 46526

Contact information:

GC Development
(574) 535-7558