

## YES, I WOULD LIKE TO CONTINUE PROVIDING OPPORTUNITIES THROUGH MY SUPPORT!

Title: First Name:	me: Last Name:	
Address:		
City:	State:	ZIP:
Phone:	_ Email:	
Employer:	Position:	
Address:		
City:	State:	ZIP:
Phone:	_ Email:	
I would like to make a gift to The University of Bar \$\times\$ \$\\$1,000 \to \\$500 \to \\$250 \to \\$100 \to \\$50 I would like my gift to be designated to:  The Fund for Excellence, UBalt's Greatest Need  College of Public Affairs  Merrick School of Business	O \$25 O Other O School of Law O Yale Gordon Colle	ege of Arts and Sciences
I would like to pay by:  Check made payable to The University of Baltin Credit Card:  Visa Master Card American Exp Card Number:  Exp. Date:// CVV#	oress	Providing for Future Generations  O Please provide me with information about including UBalt in my estate plan.
Signature:	· · · · · · · · · · · · · · · · · · ·	Double the Impact of your Gift
O I would like my gift to remain anonymous.  O I would like my gift to be in memory/honor of (p	olease circle one):	Ask your or your spouse's human resources office how you can have your charitable aift matched