

Thank you for
your generous
support!



Please direct my gift/pledge to...

- \$ _____ Technology for the Future Challenge
04.42055.XXXX.21245.000000.00000
- \$ _____ Life Sciences Building Construction
04.42055.4400.21129.000000.00000.00000
- \$ _____ Investment in the Future Student Scholarship
04.42100.4400.23887.000000.00000.00000
- \$ _____ Center for Digital Text (Digital Humanities)
04.42076.4400.21052.000000.00000.00000
- \$ _____ Center for Applied Research (CFAR)
04.42076.4400.23938.000000.00000.00000
- \$ _____ Athletic Field Improvement Projects
06.42010.4400.60446.000000.00000.00000
- \$ _____ St. Clair Lecture
04.42010.4400.24576.000000.00000.00000
- \$ _____ Where Most Needed
04.42010.4400.24359.000000.00000.00000
- \$ _____ Other:
Please print your preference. Refer to the enclosed program and fund listing.

Name (Please print name as you wish to have it appear in publication.) _____

Street Address _____

City, State, ZIP _____

☐ I wish to remain anonymous.

Pitt-Greensburg Building Name _____

I am proud to support Pitt-Greensburg by making a gift of :

☐ Other _____ ☐ \$1,000 ☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ \$25

Preferred Payment Methods:

By Check: Make payable to *University of Pittsburgh Greensburg*

By Phone: Call 724-836-7497 to make a contribution using:



American Express minimum \$25

On-line: Visit www.greensburg.pitt.edu/givenow

Payroll Deduction: (Please complete reverse side of form.)

GR18I

Payroll Deduction Enrollment

To enroll on line, please go to: www.greensburg.pitt.edu/payrollpledge

Enter last 4 of

Soc. Security #:

X	X	X	—	X	X	—			
---	---	---	---	---	---	---	--	--	--

My Total Pledge is:

--	--	--	--	--	--	--	--	--	--

 \$

Amount per Month is: \$

--	--	--	--	--	--	--	--	--	--

 for

--

 months

START Month*/Year: ____/____ END Month/Year: ____/____

Signature _____ Date _____

*To allow for processing time, enrollment form must be returned no later than the 10th of the month in which you wish to have the deductions begin . You will be notified if the enrollment can't be completed by your indicated start month.



University of Pittsburgh Greensburg

University Relations & Institutional Advancement
150 Finoli Drive, Lynch Hall 105, Greensburg, PA 15601
724-836-7761 • pgdonate@pitt.edu

GR18I

Corporate Matching Gifts

☐ This gift will be matched by my spouse's Employer (Please print company name below.): _____

☐ Corporate matching gift form is enclosed.

For instructions on how to make a corporate matching gift, please contact the above employer's human resources department or matching gift officer.

Planned Gift

☐ Please send me more information on life income plans.

☐ My will or trust provides for Pitt-Greensburg.

☐

Payroll Deduction EnrollmentTo enroll on line, please go to: www.greensburg.pitt.edu/payrollpledge

Enter last 4 of

Soc. Security #:

X	X	X	—	X	X	—			
---	---	---	---	---	---	---	--	--	--

My Total Pledge is: \$

Amount per Month is: \$

for months

START Month*/Year: ____/____ END Month/Year: ____/____

Signature _____ Date _____

*To allow for processing time, enrollment form must be returned no later than the 10th of the month in which you wish to have the deductions begin. You will be notified if the enrollment can't be completed by your indicated start month.

**University of Pittsburgh Greensburg**

University Relations & Institutional Advancement
150 Finoli Drive, Lynch Hall 105, Greensburg, PA 15601
724-836-7761 • pgdonate@pitt.edu

GR181**Corporate Matching Gifts**

☐ This gift will be matched by my spouse's Employer (Please print company name below.):

☐ Corporate matching gift form is enclosed.

For instructions on how to make a corporate matching gift, please contact the above employer's human resources department or matching gift officer.

Planned Gift

☐ Please send me more information on life income plans.

☐ My will or trust provides for Pitt-Greensburg.

Payroll Deduction EnrollmentTo enroll on line, please go to: www.greensburg.pitt.edu/payrollpledge

Enter last 4 of

Soc. Security #:

X	X	X	—	X	X	—			
---	---	---	---	---	---	---	--	--	--

My Total Pledge is: \$

Amount per Month is: \$

for months

START Month*/Year: ____/____ END Month/Year: ____/____

Signature _____ Date _____

*To allow for processing time, enrollment form must be returned no later than the 10th of the month in which you wish to have the deductions begin. You will be notified if the enrollment can't be completed by your indicated start month.

**University of Pittsburgh Greensburg**

University Relations & Institutional Advancement
150 Finoli Drive, Lynch Hall 105, Greensburg, PA 15601
724-836-7761 • pgdonate@pitt.edu

GR181**Corporate Matching Gifts**

☐ This gift will be matched by my spouse's employer (Please print company name below.):

☐ Corporate matching gift form is enclosed.

For instructions on how to make a corporate matching gift, please contact the above employer's human resources department or matching gift officer.

Planned Gift

☐ Please send me more information on life income plans.

☐ My will or trust provides for Pitt-Greensburg.

Payroll Deduction EnrollmentTo enroll on line, please go to: www.greensburg.pitt.edu/payrollpledge

Enter last 4 of

Soc. Security #:

X	X	X	—	X	X	—			
---	---	---	---	---	---	---	--	--	--

My Total Pledge is: \$

Amount per Month is: \$

for months

START Month*/Year: ____/____ END Month/Year: ____/____

Signature _____ Date _____

*To allow for processing time, enrollment form must be returned no later than the 10th of the month in which you wish to have the deductions begin. You will be notified if the enrollment can't be completed by your indicated start month.

**University of Pittsburgh Greensburg**

University Relations & Institutional Advancement
150 Finoli Drive, Lynch Hall 105, Greensburg, PA 15601
724-836-7761 • pgdonate@pitt.edu

GR181**Corporate Matching Gifts**

☐ This gift will be matched by my spouse's employer (Please print company name below.):

☐ Corporate matching gift form is enclosed.

For instructions on how to make a corporate matching gift, please contact the above employer's human resources department or matching gift officer.

Planned Gift

☐ Please send me more information on life income plans.

☐ My will or trust provides for Pitt-Greensburg.