

CNR PLEDGE FORM

The College of New Rochelle Pledge Form

Name _____
first maiden last

School _____ Year _____
SAS/SN/SNR/GS

I would like to donate/pledge \$ _____ to The College of New Rochelle. I have enclosed \$ _____.

The balance will be paid prior to June 30th as indicated. semi-annually quarterly monthly

Through my gift I wish to become a member of:

The President's Circle

Annual Fund Leadership Gift Societies

- | | | | | | |
|--|-----------|---|-----------|---|-----------|
| <input type="checkbox"/> Cornerstone Society | \$50,000+ | <input type="checkbox"/> Leadership Society | \$25,000+ | <input type="checkbox"/> Adrian Iselin Society* | \$15,000+ |
| <input type="checkbox"/> Ursuline Society | \$10,000+ | <input type="checkbox"/> Brescia Society | \$ 5,000+ | <input type="checkbox"/> Castle Society | \$ 3,000+ |
| <input type="checkbox"/> 1904 Society | \$ 1,904+ | <input type="checkbox"/> Blue & White Society | \$ 1,500+ | | |

Partners for Excellence Annual Fund Gift Societies

- | | | | |
|--|----------|--|--------|
| <input type="checkbox"/> The Dean's Circle | \$1,000+ | <input type="checkbox"/> Scholar's Circle | \$750+ |
| <input type="checkbox"/> <i>Magna Cum Laude</i> Associates | \$500+ | <input type="checkbox"/> <i>Cum Laude</i> Associates | \$250+ |

Charge credit card \$ _____ VISA MC

Account # _____ Exp. Date _____

Signature _____

- I have included The College of New Rochelle in my will and would like to be enrolled in the Heritage Society.
- I would like more information about wills and other estate plans.
- I want to help The College of New Rochelle's recruiting efforts. Please contact me about a prospective student.

Please help us keep our files up to date: Check if new address.

Name _____

School _____ Class _____

Address _____

City _____ State _____ Zip _____

Home () _____ Business () _____

Email _____

I am employed by _____

My spouse is employed by _____

- | | |
|---|---|
| <input type="checkbox"/> I will initiate matching gift procedure. | <input type="checkbox"/> Matching gift form will be forwarded at a later date. |
| <input type="checkbox"/> Matching gift form is enclosed. | <input type="checkbox"/> My/spouse's company does not have matching gift program. |

Please make checks payable to *The College of New Rochelle*, and mail to:

The College of New Rochelle Annual Fund, 29 Castle Place, New Rochelle, NY 10805-2339.

If you plan to donate stock, please contact the Annual Fund Office at (914) 654-5917

Please use the space below to tell our Alumnae/i Office any news of special interest about family, career, degrees, etc.

Thank You! Your gift really makes a difference!