



✓ Yes! I would like to make a gift to THE FISK FUND.

One time gift of \$_____ through Check Credit Card Direct Debit

Recurring Monthly Gift of \$_____ through Credit Card Direct Debit
starting on ___ / ___ / ___ and continuing on the 1st of the 20th of each month

<input type="checkbox"/> Credit Card	<input type="checkbox"/> DISC	<input type="checkbox"/> AMEX	<input type="checkbox"/> VISA	<input type="checkbox"/> MC
Card # _____				Exp ___ / ___
3 or 4 digit security code _____		Signature _____		

<input type="checkbox"/> Direct Debit	Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Instiution _____			
Routing Number: _____			
Accounting Number: _____			
Account Holder's Name: _____			

I am enclosing a matching gift form.

Please designate my gift to: Where my gift is needed most (The Fisk Fund)

Other please specify: _____

Alumna/us Class of _____	<input type="checkbox"/> BA	<input type="checkbox"/> BS	<input type="checkbox"/> MA	<input type="checkbox"/> MS	<input type="checkbox"/> Non-degreed alumna/us	<input type="checkbox"/> Parent	<input type="checkbox"/> Friend
Name _____	Address _____						
City _____	State _____	Zip _____					
Phone _____	Email _____						

You may also give online at <https://connect.fisk.edu/donate>