



# Smith School for Social Work Annual Fund Scholarship Support

Gifts of \$300 or more qualify for membership in the 1918 Fellowship Society.

ENCLOSED IS MY GIFT OF:

\$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$200 \_\_\_\_\_ \$300 \_\_\_\_\_ Other \$ \_\_\_\_\_

Please charge my: MC \_\_\_\_\_ Visa \_\_\_\_\_ Amex \_\_\_\_\_ Discover \_\_\_\_\_

Card number \_\_\_\_\_ Exp Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Fund to which I want my gift restricted:\*

\_\_\_\_\_

*Please make this gift:*

In memory/honor of: \_\_\_\_\_

(NAME)

Relationship/Class year: \_\_\_\_\_

Please send acknowledgement of this gift to:

\_\_\_\_\_

(NAME)

\_\_\_\_\_

(ADDRESS)

\*Funds with no restriction specified will be deposited into the Alumni Association Scholarship Fund.

Mail this form and payment to our gift processing center at: SSW Alumni Scholarship Drive, ADVANCEMENT OFFICE, P.O. Box 340029, Boston, MA 02241-0429

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