

1. I would like to support Baruch College with my gift of:

- \$1,000 \$500 \$250 \$120 \$_____

2. This gift amount is:

- a monthly gift for _____ consecutive months
 a quarterly gift for _____ consecutive quarters
 an annual gift for _____ consecutive years
 a one-time gift

3. You may charge my: AMEX VISA M/C DISCOVER

Name on Card _____

Card # _____

Expiration Date _____ / _____ (Month/Year)

Signature _____

My check is enclosed (Payable to Baruch College Fund.)

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Double Your Impact: www.matchinggifts.com/baruch

Name: _____

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Email: _____

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Baruch COLLEGE FUND

The 17 Lex Society

Members are recognized at the following annual giving levels:*

- BENEFACTOR CIRCLE** ————— \$50,000 and above
- FOUNDER CIRCLE** ————— \$25,000 - \$49,999
- CHANCELLOR CIRCLE** ————— \$10,000 - \$24,999
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- DEAN CIRCLE** ————— \$2,500 - \$4,999
- SCHOLAR CIRCLE** ————— \$1,000 - \$2,499

For more information and membership benefits, please contact us at (646) 660-6083 or bcf@baruch.cuny.edu

**The fiscal year runs from July through June.*

TRIBUTE & MEMORIAL GIFTS

I would like to make my gift:

- in honor of in memory of

Name _____

Please notify the person below about this gift:

Name _____

Address _____

City _____ State _____ Zip _____

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Please contact/send me information about:

- Estate Planning
- Life Income Plans
- Stock Gifts
- Monthly Giving