

# THE NEW SCHOOL

A UNIVERSITY

University Development Office  
Attn: Manager of Gift Accounting  
79 Fifth Avenue, 17<sup>th</sup> Floor  
New York, NY 10003  
Telephone: (212) 229-5662 ext. 3715  
Fax: (212) 229-5588

## Credit Card Contribution Form

Donor Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ American Express  Business Account  Personal Account  
\_\_\_\_\_ Mastercard  Business Account  Personal Account  
\_\_\_\_\_ Visa  Business Account  Personal Account

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Name on Credit Card: \_\_\_\_\_  
(as printed on credit card)

Amount: \_\_\_\_\_ Date of Charge: \_\_\_\_\_

Signature: \_\_\_\_\_

Allocation of Gift: \_\_\_\_\_

**Yes, my company will match my gift:** Company Name: \_\_\_\_\_

Please mail or fax a copy of this form to (212) 229-5588. Thank you.