

BRYN MAWR

COLLEGE

I am pleased to support Bryn Mawr with a tax-deductible gift pledge of \$ _____
for The Bryn Mawr Fund Graduate Fund Other _____.

The Caroline McCormick Slade Society:

Membership in The Slade Society of leadership donors begins at \$2,500.

Discounted Slade Membership:

- Graduates of the Last Decade (GOLD) Slade \$100-\$1,000+
- Senior Slade \$100+

Direct my Bryn Mawr Fund gift to:

- Opportunities
- Innovations
- Science, Math, Engineering, & Technology (STEM)
- Bryn Mawr's Greatest Needs

For more information about The Bryn Mawr Fund's areas of impact, visit www.brynmawr.edu/impact.

Bryn Mawr Fund Scholarships

Thomas and Merion Scholarships are two special opportunities to support students in need of financial aid.

- I would like to talk to someone about funding a Thomas or Merion Scholarship.

The Taylor Society

- I would like to talk to someone about gift planning and bequests (The Taylor Society).

Matching Gifts

- Enclosed is the completed company form.
- I will send you the company form shortly.

Company Name

Mail this gift form to:

Bryn Mawr College
101 N Merion Avenue, Helfarian
Bryn Mawr, PA 19010-2899

Questions? Please call 610.526.5127.

Gift Payment Options:

- Check payable to Bryn Mawr College, enclosed.
- Appreciated securities. Please notify us of an incoming gift. Contact 610.526.7380.
- Online at www.brynmawr.edu/makeagift, or call 610.526.5127.
- Please charge a one-time gift of \$ _____ to
 - Visa MasterCard Discover Amex.
- Monthly giving. Please charge \$ _____ per month on my credit card beginning in _____ (month). Check one:
 - I wish to give indefinitely until I notify Bryn Mawr College to terminate payments.
 - I wish to end my monthly payments on ____ / ____ (mm/yy) for a total contribution of \$ _____.
Call 610.526.5127 to terminate monthly payments.

NAME AS IT APPEARS ON THE CARD

CARD#

EXP. DATE

Pledge Options:

I wish to fulfill my pledge by ____ / ____ (mm/yy).
We will contact you to set up a payment schedule.

Bryn Mawr's fiscal year ends on May 31.

Donor Information:

NAME

CLASS/PARENT YEAR

SPOUSE/PARTNER

ADDRESS

PHONE

EMAIL

- Affiliation:** Undergraduate GSAS GSSWSR
 Parent Other