Capital University
Ask. Think. Lead.

Name (first, middle, last) ___________________________________________________________________________________ Class Year ________________

Spouse Name _____________________________________________________________________________________________ Class Year ________________

Home Address ______________________________________________________________________________________________________________________

City, State, ZIP _____________________________________________________________________________________________________________________

Preferred Phone ________________________________________________________________________________          Home          Cell          Business

Preferred E-Mail ____________________________________________________________________________________________         Home      Business

Employer _________________________________________________ Position _________________________________________________________________

Business Address ___________________________________________________________________________________________________________________

City, State, ZIP _____________________________________________________________________________________________________________________

Does your employer participate in a matching-gift program? Does your spouse's employer participate in a matching-gift program?

☐ Yes, matching form is enclosed. ☐ Yes, matching form is enclosed.

☐ Yes, matching form will be mailed separately. ☐ Yes, matching form will be mailed separately.

☐ No. ☐ No.

To find out if your employer (or spouse’s employer) has a matching-gift program, check with your company’s human resource or personnel office, or look online at www.matchinggifts.com/capital.

Please indicate the amount and designation of your gift:

$ ____________ Capital Fund (main campus annual fund)

$ ____________ Excellence Fund (Law School annual fund)

$ ____________ Other - Please specify: _________________________________________________________________________________________________

☐ This is a new, one-time gift.

☐ This is a pledge payment.

☐ This is a joint gift. Name of other individual to receive recognition credit: ________________________________________________________________

☐ This is a new, recurring credit card gift.

How often should the recurring gift be donated? ☐ Monthly ☐ Quarterly ☐ Biannually ☐ Annually

For how long should the gift be donated? ☐ Until I cancel it. ☐ Until a specified time: _______________________________

Recurring payments will be processed from your credit card on or about the 15th of the month.

Additional comments or instructions: __________________________________________________________________________________________________

Payment Method

☐ Enclosed is a check or money order made payable to Capital University.

☐ VISA ☐ Mastercard ☐ Discover

 Cardholder Name __________________________________________ Card Number __________________________________________________________

 Expiration Date _____________________________ Signature ____________________________________________________________________________

Tribute Gift

This gift is ☐ In memory of _____________________________ ☐ In honor of _____________________________

Please notify the following individual of my gift:

Name __________________________________________ Address ________________________________________________________________

City, State, ZIP _____________________________________________________________________________________________________________________

Estate Planning

☐ I have included Capital in my estate plan. ☐ Please send me information about including Capital in my estate plan.

Please return this form to: Capital University, Development Office, 1 College and Main, Columbus, OH 43209-2394.

Thank you for your gift.

For more information: call 866-704-0742 or e-mail gifts@capital.edu.
You can also make your gift online: www.capital.edu/give.