



# NORTHERN ILLINOIS UNIVERSITY FOUNDATION

Please print form and mail it with your donation to the address at the bottom of this page.

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Maiden

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**I am a(n):**

- Alumnus(a) (grad year \_\_\_\_\_)     NIU Parent     NIU Faculty/Staff
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**Gift Information:**

A check for my gift \$ \_\_\_\_\_ is enclosed.  
(Check should be made payable to the Northern Illinois University Foundation.)

Please charge my gift of \$ \_\_\_\_\_ to the following credit card: Check one:

- VISA      MasterCard      Discover      American Express

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**Gift Designation:**

- Where the need is greatest (Strategic Priorities)
- The Student Scholarship Fund
- Other: \_\_\_\_\_

**I am responding to:**

- a call from the Northern Fund
- a letter from the Northern Fund
- an email from the Northern Fund

**Please mail this form and your gift to:**

**Northern Illinois University Foundation**  
P.O. Box 746  
DeKalb, IL 60115-0746