



Donation Form

Enhance the Edinboro Experience with your contribution to our university, its our students and the campus community.
Your generosity will support student activities, academic programs, library resources, athletics, campus revitalization, and more.

Personal Information:

(Please fill in the required * information)

Company _____

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*Street Address _____

*City _____ *State (US residents only) _____ State/Province (Non-US residents only) _____

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Credit Card Billing Info:

(Please fill in the required * information.) Check here ☐ if same as above.

*Name _____

*Street Address _____

*City _____ *State (US residents only) _____ State/Province (Non-US residents only) _____

*Country _____ *Zip/Postal Code _____

Designate My Gift To:

☐ Unrestricted (Wherever the need is greatest)

☐ Academic Scholarship (Specify) _____

☐ Athletics (Specify) _____

☐ Other _____

☐ Student Hardship Fund

If Other, please write name of event or fund above and indicate if ☐ In Memory or ☐ In Honor.

Amount of Contribution:

\$ _____

I Am:

☐ Alumnus

☐ Current Student

☐ Parent

☐ Friend of the University

☐ Current Faculty/Staff

☐ Former Faculty/Staff

Payment by Credit Card:

Credit Card Type _____ Credit Card Number _____

Expiration Date _____ Card Code (Three-digit number on back of card) _____

Payment by Check:

Please make check payable to Edinboro University Foundation and mail to:

Edinboro University Foundation
Alumni House
210 Meadville Street
Edinboro PA 16444

mail@eupfoundation.org
814-732-1318 or 814-732-1708
edinborofoundation.org