



Gift Amount: \$ _____

I want to designate my gift to:

- ☐ NDCL Fund ☐ Endowment ☐ Memorial Gift
☐ Reunion Giving ☐ Other _____

- ☐ I'd like to start a recurring, monthly gift via credit card. Please charge my card each month the amount specified below.

☐ \$15.00 ☐ \$10.00 ☐ \$8.34 ☐ Other \$ _____

GIFT/PLEDGE PAYMENT OPTIONS:

- ☐ **Gift by Check** - Enclosed is my check payable to NDCL.
- ☐ **Gift by Credit Card** - Please charge my credit card specified at the bottom of this form.

NAME ON CARD

CARD NUMBER

EXP. DATE

☐ MasterCard ☐ Visa ☐ American Express

SIGNATURE (REQUIRED)

13000 Auburn Road, Chardon, OH 44024