



Donation Form

Please make check or money order payable to **HBCU Campaign Fund** and mail along with completed form to:

HBCU Campaign Fund | 12558 S. Princeton Ave, Chicago, IL 60628

Tel: (773) 988-2106 | <http://www.hbcucampaignfund.org>

DONOR INFORMATION *(Please Print)*

FIRST NAME

M

LAST NAME

STREET ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL *(We do not sell or share your information)*

DONATION LEVEL

I pledge a monthly donation of \$ _____

OR

My one-time gift of:

\$5 \$10 \$15 \$25 \$50 \$75 \$100 \$250 Other: \$ _____

DONATION OPTION

General HBCU General Scholarship Fund In-Kind Donation

DONATION OPTION

I plan to make this contribution in the form of:

_____ cash _____ check _____ money order _____ other

DONOR SIGNATURE

DATE