



Annual Fund Contribution Form

YES! I want to support Newbury College.

Your gift to the Newbury College Annual Fund supports areas where the need is greatest. All gifts to the Annual Fund represent your vote of confidence in Newbury College and our mission.

Name(s): _____ Today's Date _____

Address: _____ City: _____ State: _____ Zip _____

Telephone: (H) _____ (W) _____ E-mail: _____

Current Employer: _____ Current Profession: _____

Address: _____

This contribution is eligible for a corporate matching gift from _____

For Newbury Alumni

Year of Graduation: _____ Name, if different at Graduation: _____

For Newbury Parents

Student's Name: _____ Class of : _____

Gift Amount \$ _____

Method of Payment

Check: Amount enclosed: \$ _____ (Please make check payable to Newbury College.)

VISA Card # _____ Exp. Date M/Y _____

MasterCard Card # _____ Exp. Date M/Y _____

Discover Card # _____ Exp. Date M/Y _____

American Express Card # _____ Exp. Date M/Y _____

Cardholder's Name _____

Cardholder's Signature _____

Thank you for your gift.

Please mail to: Office of the President
Newbury College
129 Fisher Ave.
Brookline, MA 02445

Fax to: 617-730-7020