Mail-in Gift Form

Please print out this form, fill in the appropriate sections, and mail to: Yale National Initiative
P.O. Box 203563 Yale Station
New Haven, Connecticut 06520-3563

Items marked with an asterisk (*) are required because without them we are unable to record your gift accurately.

PERSONAL INFORMATION

Prefix:  ☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Dr.  ☐ Other, if Other, Please Specify: _________________________

First Name*: ___________________________ Middle Name: ___________________________ Last Name*: ___________________________

Email Address*: ___________________________ Daytime Telephone*: ( ) - __________

If you are a Yale alumnus/a or parent, please check the box that applies to you: ☐ Alumnus/a  ☐ Parent

ADDRESS INFORMATION

Please enter your billing address below as it appears on your credit card/bank statement.

Address*: ___________________________

City*: ___________________________ State*: ___________________________ Zip code*: __________ Country: ___________________________

Which address is this?: ☐ Home  ☐ Business  ☐ If a business, please provide the name: ___________________________

If you want your gift acknowledgment to be sent to a different address, please enter it below:

Address: ___________________________

City: ___________________________ State: ___________________________ Zip code: __________ Country: ___________________________

HOW YOU WOULD LIKE YOUR GIFT TO BE USED?

Donors may make a gift to different Institute programs. Please indicate your preferences and the amount in US$ of your gift below.

Amount: $ ___________________________ for the National Initiative

$ ___________________________ for the Yale-New Haven Program

$ ___________________________ for the Science Program in New Haven

PAYMENT INFORMATION AND AUTHORIZATION

Please indicate if you are paying by check or credit card: ☐ Check  ☐ Credit Card

If you are paying by credit card, please enter your information below.

Total amount to charge: $ ___________________________ Credit Card Type*: ☐ Master Card  ☐ Visa  ☐ American Express

Credit Card Number*: ___________________________ Expiration Date*: (MM/YY)

Name as it appears on your card*: ___________________________

Do you work for a company that matches gifts to universities? If yes, please enter the name: ___________________________

You can significantly increase your gift to Yale by checking with your human resources office and sending the matching gift form to:

Matching Gifts Department
Yale Office of Development
Box 2038 Yale Station
New Haven, CT 06521-2038

Thank you for your support of Yale’s programs to strengthen teaching in public schools.