

Credit Card Information

Here is my gift of: \$ _____ Process this gift using my credit/debit card

Process this gift: *One time* *Quarterly* *Semi-Annually*

Credit card type: _____

Card number: _____

Security Code: _____ Expiration Date: _____

(Security Codes: AMEX: *four digits on front of card*; Visa, MasterCard, Discover: *three digits on back*)

Signature: _____

A copy of the SUNY New Paltz Foundation's latest annual report may be obtained upon request from the organization or from the New York State Attorney General's Charities Bureau, Attn: FOIL Officer, 120 Broadway, New York, NY 10271.

For more information, please visit our Web site at:
<http://www.newpaltz.edu/npfoundation>
Email: foundation@newpaltz.edu
Call: 1-877-HAWK-001 ext. 3240 *or* 825-257-3240

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