



Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Mobile: _____ Email: _____

UOG Alumni Year (if applicable): _____ UOG College (if applicable): _____ Major (if applicable): _____

Area of Support (please select one):

Please designate my gift to support the _____
School, College, Program, Scholarship, Special Projects, Campaign

Gift Amount (please select one):

I will make a one-time gift of:

\$2,000 \$250
\$1,000 \$100
\$500 Other: \$ _____

I will make a recurring credit card gift of \$ _____ per month effective immediately. I will continue this commitment for:

_____ months
until I notify UOGEF to stop

Gift Fulfillment (please select one):

My check is attached/ enclosed *Please make checks payable to "UOG Endowment Foundation"*

Please charge my credit card: MasterCard Visa

Is this Gift in honor of someone or a memorial gift? If so, please list the name below.

Name: _____

Special Messages or Comments _____

Signature: _____ **Date:** _____

*Please mail your gift to: UOG Endowment Foundation,
House #10, 303 University Drive UOG Station, Mangilao, Guam 96913*