

Enclosed please find my tax-deductible contribution to the University Gallery

\$100

\$2500

\$250

\$5000

\$500

In Kind

\$1000

Other

I wish my gift to remain anonymous

Name _____

Street Address _____

City State Zip Code _____

Phone E-Mail _____

My check payable to University of Massachusetts is enclosed.

Please charge my: VISA MasterCard

Account Number _____

Expiration Date _____

Signature _____

My employer's matching gift form is enclosed.

Please contact me about stock gifts, planned giving or giving to the FAC Endowment Funds.

Thank you!