

The College of Saint Rose
Microscope Campaign – Statement of Intent

1. I/we would like to donate the following to the Microscope Campaign:

- _____ Compound Microscope (\$1,600) *(may be paid over 4 years @ \$400 per year)*
- _____ Petrographic Stereo Microscope (\$6,000) *(may be paid over 4 years @ \$1,500 per year)*

2. Method of Payment. Please check all that apply.

- Enclosed is payment of \$_____ **for my entire contribution.**
- I will make a **multi-year pledge** beginning _____ (mo./yr.) and ending _____ (mo./yr.).
(Gifts may be made over a 1 to 4 year period.)
Please send **payment reminders** beginning _____ (mo./yr.)
- I will pay by **check** (please make check payable to The College of Saint Rose).
- Please charge my (circle one) **credit/debit card #** _____

Mastercard Visa Discover

Signature: _____ Exp. Date: _____

Billing Address, if different from below (Please print and include your full address.)

3. Recognition. Please check one.

- Please list my/our name(s) in print as: _____
- I/We request that this gift remain anonymous.

4. Signature: _____ Date: _____

Please print: Name: _____

Address: _____

City State Zip: _____

Telephone: _____ E-mail: _____

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