



Graceland  
UNIVERSITY 11895

## Gift Information Form

Print this form and return with your gift to:

Graceland University  
Development Office  
1 University Place  
Lamoni, IA 50140

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP code \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

My gift enclosed is:

- \$1,000 (Presidential Societies)
- \$500
- \$250
- \$100
- \$ Other \_\_\_\_\_

Please designate this gift for: \_\_\_\_\_

My employer matching gift form is enclosed.

Graceland is in my will or estate plan.

I authorize Graceland University to charge my gift of \$ \_\_\_\_\_ to



Visa



MasterCard



Discover



American Express

Credit card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_