



GRACELAND UNIVERSITY

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 _____

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 _____