

HAMPTON

UNIVERSITY

GIVING OPPORTUNITIES

Name: _____ Class Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

(Email) _____

Spouse's Name: _____ Class Year: _____

My/Our Employer(s) will match my/our gift. Company: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Yes, I/We want to support the **Campaign for Hampton** in the following areas:

Cafeteria Campaign Proton Therapy Institute Unrestricted Gift General Scholarship

NHAA Endowed Scholarship Endowed Scholarship _____ Other _____

\$25-\$99 \$100-\$299 \$300-\$499 \$500-\$999 \$1,000-\$2,499 Other \$ _____

Have you considered making a planned gift to Hampton? Yes No

Please make checks payable to Hampton University

Enclosed is my check for \$ _____

I/We prefer to pledge \$ _____ with payments to be completed by end of the fiscal year, June 30.

I/We prefer to charge \$ _____ to MasterCard Visa Discover American Express

Account # _____ Expiration Date: _____

Signature: _____

You also have the opportunity to give online at givingto.hamptonu.edu

Your contribution is tax deductible to the extent provided by law.
Thank you for your gift to Hampton University.

To discuss giving opportunities contact us at (757) 727-5764
or email developmentoffice@hamptonu.edu