

Donation Form

I would like to support the *Rachel Di Pietro-James Scholarship*.
(Account code: I38-AS35-03-8 & Campaign code: BOO0572-08)

Please accept my gift of \$_____.

I would like to pledge \$_____ to be paid over _____ years.

Name: _____

Address: _____

Is this gift from you and your spouse? _____ yes _____ no

If yes, spouse's name: _____

Check: **Please make check payable to **Indiana University Foundation**.

Credit Card:

Please charge my _____ Visa _____ Mastercard _____ American Express _____ Discover

Expiration Date: _____/_____

Card No. _____

Signature _____

Mail to:
Indiana University Foundation
P.O. Box 2298
Bloomington, IN 47402