

Slippery Rock University

CAMPUS FAMILY CAMPAIGN

Contact Information

NAME

DEPARTMENT

CAMPUS ADDRESS

EMAIL

Areas of Impact

- ☐ Slippery Rock University's most immediate priorities
- ☐ Department, scholarship or program (select up to three)

- | | | |
|--------------------------|--|----|
| <input type="checkbox"/> | | \$ |
| <input type="checkbox"/> | | \$ |
| <input type="checkbox"/> | | \$ |

Payment Information

I will support SRU this year with a donation of:

\$

NAME AS IT APPEARS ON CARD

CARD NUMBER

EXPIRATION

SECURITY CODE

- ☐ Enroll me in payroll deduction. Distribute my donation evenly over the remaining pay periods in the academic year
- ☐ My check made payable to SRU Foundation, Inc. is enclosed
- ☐ Please charge my credit card

**RAISE
THE ROCK**

SlipperyRock
University

Please return via campus mail to: **SRU Advancement Services - Old Main Suite 202**
Questions? Contact: **Erin Bryer** at **724-738-4611**