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UNIVERSITY OF MARYLAND  
HONORS COLLEGE

Please complete the following information and mail your gift to the address below.

Office of Gift Acceptance  
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College Park, MD 20742

**Please accept my gift of:**

\$1,000    \$500    \$250    \$150    \$50

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**Designations**

Please designate my gift to:

DESIGNATION	AMOUNT
<input type="checkbox"/> Honors College Program Fund	\$ _____
<input type="checkbox"/> University Honors Scholarship	\$ _____
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**Alumni Association Membership Options**

- Single**     Annual • \$55  
 3-Year • \$108  
 Lifetime • \$850  
 Lifetime Installment Plan •  
5 Annual Payments of \$210
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 3-Year • \$168  
 Lifetime • \$950  
 Lifetime Installment Plan •  
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**Total Gift & Membership Amount** \$ \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_ Graduation year: \_\_\_\_\_  
Grad. College/School: \_\_\_\_\_  
Spouse/Partner Name: \_\_\_\_\_ Graduation year: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
 This is my preferred mailing address  
Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_  
 This is my preferred phone number     This is my preferred email address  
Spouse/Partner Email: \_\_\_\_\_

**Business Information**

Employer: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
 This is my preferred mailing address  
Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_  
 This is my preferred phone number     This is my preferred email address  
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Charge my credit card \$ \_\_\_\_\_ for the next # \_\_\_\_\_ months for a total gift of \$ \_\_\_\_\_.

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Charge my credit card for a one-time payment of \$ \_\_\_\_\_.

Card Number: \_\_\_\_\_  
Name as it appears on card: \_\_\_\_\_  
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Thank you for your generous gift to benefit University of Maryland. Knowing that members of the Maryland family personally value the student experience at Maryland makes us proud! Thank you for your support!