



Please make check or money order payable to the **HBCU Endowment Fund, Inc.** and mail along with completed form to: 1250 Scenic Hwy S, Suite 1701-308, Lawrenceville GA 30045  
Tel: (678) 905-8652 | <https://www.hbcuendowmentfund.org>

### Donor Information

\*Title: \_\_\_\_\_  
\*First Name: \_\_\_\_\_  
\*Middle Initial: \_\_\_\_\_  
\* Last Name: \_\_\_\_\_  
\* Corporation/Organization: \_\_\_\_\_  
\* Street Address: \_\_\_\_\_  
\*City: \_\_\_\_\_  
\*State/Province: \_\_\_\_\_  
\*Country: \_\_\_\_\_  
\*Zip/Postal Code: \_\_\_\_\_  
\*Email: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_

### Gift Information

Donation Type: General  In Memory  In Honor

Amount: \$ \_\_\_\_\_

Name of Individual to be honored/memorialized: \_\_\_\_\_

Name(s) and email address(es) of people to be notified of gift:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Credit Card Payment Information**



Credit Card Type: American Express  Discover  Visa/Mastercard

Credit Card #: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

CVC/Security Code (on rear/front of card): \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

**The Internal Revenue Service recognizes the HBCU Endowment Fund, Inc. as a 501(c)(3) exempt organization and public charity. Contributions to HBCUEF are tax-deductible to the extent permitted by law. The HBCU Endowment Fund, Inc. tax identification number is 84-4769135.**