

# CNR PLEDGE FORM

## The College of New Rochelle Pledge Form

Name \_\_\_\_\_  
*first maiden last*

School \_\_\_\_\_ Year \_\_\_\_\_  
*SAS/SN/SNR/GS*

I would like to donate/pledge \$ \_\_\_\_\_ to The College of New Rochelle. I have enclosed \$ \_\_\_\_\_.

The balance will be paid prior to June 30th as indicated.  semi-annually  quarterly  monthly

Through my gift I wish to become a member of:

### The President's Circle

#### Annual Fund Leadership Gift Societies

- |  |           |   |           |  |           |
|--|-----------|---|-----------|--|-----------|
| <input type="checkbox"/> Cornerstone Society | \$50,000+ | <input type="checkbox"/> Leadership Society   | \$25,000+ | <input type="checkbox"/> Adrian Iselin Society | \$15,000+ |
| <input type="checkbox"/> Ursuline Society    | \$10,000+ | <input type="checkbox"/> Brescia Society      | \$ 5,000+ | <input type="checkbox"/> Castle Society        | \$ 3,000+ |
| <input type="checkbox"/> 1904 Society        | \$ 1,904+ | <input type="checkbox"/> Blue & White Society | \$ 1,500+ |  |           |

#### Partners for Excellence Annual Fund Gift Societies

- |  |          |  |        |
|--|----------|--|--------|
| <input type="checkbox"/> The Dean's Circle                 | \$1,000+ | <input type="checkbox"/> Scholar's Circle            | \$750+ |
| <input type="checkbox"/> <i>Magna Cum Laude</i> Associates | \$500+   | <input type="checkbox"/> <i>Cum Laude</i> Associates | \$250+ |

Charge credit card \$ \_\_\_\_\_  VISA  MC

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

- My/my spouse's matching gift form is enclosed.  I will send a matching gift form.  I have initiated a match on-line.
- I have included The College of New Rochelle in my will and would like to be enrolled in the Heritage Society.
- I would like more information about wills and other estate plans.
- I want to help The College of New Rochelle's recruiting efforts. Please contact me about a prospective student.

Please help us keep our files up to date:  Check if new address.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

Email \_\_\_\_\_

I am employed by \_\_\_\_\_

My spouse is employed by \_\_\_\_\_

Please make checks payable to *The College of New Rochelle*, and mail to:  
The College of New Rochelle Annual Fund, 29 Castle Place, New Rochelle, NY 10805-2339.  
If you plan to donate stock, please contact the Annual Fund Office at (914) 654-5917

Please use the space below to tell our Alumnae/i Office any news of special interest about family, career, degrees, etc.

---

---

---

*Thank You! Your gift really makes a difference!*