

Please return this card with your gift.

____ Yes! I would like to invest in the Pell Center.
Please accept my gift of \$_____ making me a
(insert named level)_____.

Name: _____

Street: _____

City: _____

State: _____ Zip: _____

Phone: _____

e-mail: _____

____ This is a new address.

Payment Options

____ Full contribution enclosed \$_____

(Make checks payable to Salve Regina University.)

____ Charge my: ____ Visa ____ Mastercard

Name: _____

Card #: _____

Exp. Date: _____

Signature: _____

____ My (spouse's) employer will match my gift.

Employer's Name: _____

Address: _____

City: _____

Programs that would most interest me are:

Contact me about:

____ Acting as a volunteer

____ How I can help build the Pell Center Endowment

____ Naming Opportunities

____ Bequest/Estate Gifts



SALVE
REGINA
UNIVERSITY

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