



## Community Involvement Center

Name: \_\_\_\_\_  
*First Name Middle Name Last Name*

Address: \_\_\_\_\_  
\_\_\_\_\_  
*City State Zip Code*

Phone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_  
*Including Area Code Including Area Code*

E-mail: \_\_\_\_\_

I/we wish to give a gift of: \$ \_\_\_\_\_

for the purpose of: Rice Women's Resource Center ASB - G82416

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check payable to "Rice University"     MasterCard     Visa     American Express

\_\_\_\_\_ / \_\_\_\_\_  
*Credit Card Number Expiration Date*

\_\_\_\_\_  
*Name as it appears on credit card (Please print)*

\_\_\_\_\_  
*Billing Address if different from the address above*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

My/my spouse's employer will match this gift: \_\_\_\_\_  
*Company Name City State*

Matching form enclosed     Matching form to be sent

*More information on matching gift programs is available at <http://giving.rice.edu/match>.*

**Please return this form to the Community Involvement Center at the address below.**