

THE
ROCKLEDGE
FOUNDATION

DONATION FORM

Please print out and complete this form, then mail with your donation. The information will help us to accurately record of your gift and report the information to the IRS.

1) **Amount of enclosed check** (please do not mail cash): \$ _____ Dollars

2) **Does your company have a Matching Gifts Program?** YES NO

IF YES, please include a matching gift form and provide the name of company that will be matching the gift:

3) **Name** (as you wish to be listed): _____

4) **Address:** _____
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5) **Phone** (optional): _____

6) **Email** (optional): _____

7) **Are you a member of the Iota Chapter of Alpha Sigma Phi?** YES NO

IF YES, what is your preferred graduation year? _____

8) **Check if you DO NOT want to be recognized for your gift in foundation publications:**

Make your check out to "The Rockledge Foundation" and mail with this completed form to:

The Rockledge Foundation
c/o Sciarabba Walker & Co, LLP
200 East Buffalo Street
Ithaca, NY 14850