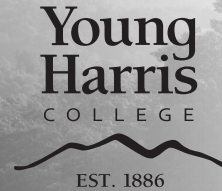




# Thank You

## FOR YOUR SUPPORT



### MAKING A GIFT TO YOUNG HARRIS COLLEGE

#### PERSONAL INFORMATION

Name \_\_\_\_\_ Class Year (if applicable) \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Preferred Email Address \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Class Year (if applicable) \_\_\_\_\_

Employer \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Preferred Mailing Address  Home  Business

- My company will match this gift. Matching gift form enclosed or will be mailed separately.
- My check made payable to Young Harris College is enclosed.
- Please bill my credit card.

#### CREDIT CARD INFORMATION

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

American Express  Discover  MasterCard  VISA

I commit to a one-time charge of \$ \_\_\_\_\_ OR \_\_\_\_\_ per month for \_\_\_\_\_ months.  
*Multiple payments are billed in consecutive months.*

I WOULD LIKE TO BECOME A MEMBER OF THE PRESIDENT'S CIRCLE by giving 10 monthly installments of \$100 between July 1–June 30.

#### I WOULD LIKE TO DESIGNATE MY GIFT FOR:

|                                   |                                 |                       |
|-----------------------------------|---------------------------------|-----------------------|
| \$ _____ Young Harris Annual Fund | \$ _____ Local Scholarship Fund | \$ _____ Parents Fund |
| \$ _____ General Scholarships     | \$ _____ Friends of the Arts    | \$ _____ Athletics    |
|                                   |                                 | \$ _____ Other _____  |

#### OTHER WAYS TO GIVE TO YHC

YHC is included in my will.  Please send charitable estate planning information.  Please send information on starting a scholarship.

RETURN COMPLETED FORM TO: Office of Advancement • P.O. Box 275 • Young Harris, GA 30582 • (706) 379-5173 • Fax: (706) 379-4572