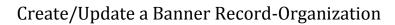




Constituent Information								
Full Logal Name								
Full Legal Name								
Gift Society Name								
UID (required for record update only)								
Check all that apply:								
Association/Organization Corporation Corporate Foundation Estate Trust Government Agency Foundation Family Foundation Religious Organization Other								
Foundation Religious Organization Other								
Is this a known Matching Gift Company? Yes			No	Unkno	wn at this time	Estimated Number of Employees?		
Contact Information								
Contact Information								
Primary Contact					Secondary Conta	nct		
					Position			
Position					POSITION			
Business Address					Business Address	S		
					ov. 10 /=:			
City/State/Zip					City/State/Zip			
Business Phone/Fax					Business Phone/	Fax		
Preferred Email				Preferred Email				
Address					Address			
Assistant's					Assistant's			
Name/Phone/Email					Name/Phone/En	nail		





Fund Status Contact	Scholarship Contact					
Position	Position					
Business Address	Business Address					
City/State/Zip	City/State/Zip					
City/State/Zip	City/State/Zip					
Business Phone/Fax	Business Phone/Fax					
Preferred Email	Preferred Email					
Address	Address					
Assistant's	Assistant's					
Name/Phone/Email	Name/Phone/Email					
Community Involvement/Affiliations						
•						
Please identify any known University or community affiliations (e.g., projects regularly funded, national /local government connections, other						
relevant community involvement)						