

GIFTS BY CHECK

DONOR INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

GIFT INFORMATION

Purpose of Gift: _____

In Memory of: _____

In Honor of: _____

Anonymous Y/N: _____

Additional Notes: _____

Please make checks payable to *Chapman University*

**Mail Check to
University Advancement
Attn: Gift Recorder
One University Drive
Orange, CA 92866**