



# The Annual Fund

## Matching Gifts Form

Name: \_\_\_\_\_  
Class Year: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Form of Payment:  Check  Credit Card # \_\_\_\_\_ Ex: \_\_\_\_/\_\_\_\_

Credit Card Name \_\_\_\_\_

Mail check to:

Spartanburg Methodist College  
Attn: Development Office  
1200 Textile Road  
Spartanburg, SC 29301