

**CHEYNEY UNIVERSITY
NATIONAL ALUMNI ASSOCIATION**

1 % Annual Alumni Giving Scholarship Campaign

Name: First _____ **Middle** _____ **Last** _____

Maiden Name: _____

Class of: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Telephone Number & Area Code: _____

Cell Phone & Area Code: _____

Other: _____

E-mail address: _____

Annual Pledge Amount: _____

Payment to be Made: Monthly _____ **Bi-Monthly** _____ **Quarterly** _____ **Annually** _____

All checks should be made payable to: "Cheyney University Alumni Scholarship Fund"

Mail Checks and This Form to:

**Director of Alumni Relations
1837 University Circle, P.O. Box 200
Biddle Hall, Room 207
Cheyney University of PA.
Cheyney, PA 19319**

"When thou callest, Alma Mater, Never shalt thou call in vain..."