

ENROLLMENT FORM

Area of Support

Please specify your gift & the amount to the following fund(s):

\$ _____ **Area of Greatest Need**

Your contribution gives the Director of Athletics the flexibility to utilize resources where they are most needed for NCAA Division III sports, club sports, and intramural programs.

\$ _____ **Specific Sports Fund:** _____
TEAM NAME

Here are some of the teams you can support!

Baseball	Lacrosse (Men's & Women's)
Basketball (Men's & Women's)	Soccer (Men's & Women's)
Cheerleading	Softball
Football	Tennis (Men's & Women's)
Golf (Men's & Women's)	Volleyball

Payment Options

I have enclosed a check payable to *St. John Fisher College*.

Please charge my credit card (information below).

Card: VISA MasterCard Discover AmEx

CARD NUMBER

EXP. DATE

SIGNATURE

A matching gift form from my employer is enclosed.

Personal Information

NAME

ADDRESS

CITY, STATE, ZIP

PHONE

E-MAIL ADDRESS FOR INFO/CARDINALS' CLUB CORRESPONDENCE

I elect to decline gifts associated with the Cardinals' Club giving levels, making my gift fully tax deductible.

I am a (check one or more):

Fisher alum (class year: _____) Parent

Friend/Fan Business Faculty/staff Student

Fisher Fund • St. John Fisher College
 3690 East Avenue
 Rochester, NY 14618
 (585) 385-8023 FisherFund@sjfc.edu