## Congratulations on your milestone reunion year!

Take time to acknowledge your place in Kalamazoo College's history, **reflect** on what K means to you, and **renew your ties** to campus and classmates.

As you **celebrate** your reunion this year, please consider a new or increased gift in honor of **your graduation** from Kalamazoo College.

Your **generosity** today honors your past and supports the future. Alumni continue to foster the new experiences that **shape students' lives** locally, nationally, and abroad.

To **honor** your reunion year, please make a gift online at www.kzoo.edu/giving/reunion or complete and mail this gift card. Your gift makes an immediate **impact**!

Thank you for your dedication to the Kalamazoo College student experience.

Your reunion fiscal year runs July 1 through June 30.

## TaketheReunionGivingChallenge!

PrefixFirst name	Middle	Last			Maiden	
Address	C	ity		State	Zip	_ Class of
Home phone ()	_ Cell phone (	)	Preferred	e-mail:		
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Spouse's/Partner's prefix First name		MiddleLas	t	1	Maiden	Class of
☐ Enclosed is my/our check for \$		payable	to Kalamazoo Col	llege.		
☐ I/we would like to make a gift by credit card	☐ Visa ☐ Mast	erCard 🖵 Americ	can Express 📮	Discover		
Card number	Exp. da	te C	ardholder signature	e		
Please charge \$ monthly beginning in/ Until I notify you Last deduction in/ for a total gift of \$						
Please charge my one-time gift of \$						
I/We wish to support the Kalamazoo College Fund	in the following way(s	s): 🖵 K's greatest nee	ds 🖵 Scholarship	os 🖵 Facul	ty and te <mark>aching</mark> re	sources
Matching Gift Opportunity	/					
					KALAMAZOO (	COLLEGE FUND

Check to see if you and/or your spouse have employee or retiree matching gift benefits at: www.kzoo.edu/matchinggifts

ALAMAZOO COLLEGE FUND 269.337.7236

kzoo.edu/giving

☐ Enclosed is my/our matching gift form. ☐ I/we have submitted an online matching gift request to my/our employer(s).