



Department of African American
Studies



Gift Form

1

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Employer: _____ Title: _____

Bus. Address: _____

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Business Phone: () _____ E-mail: _____

Year of Graduation: _____ Degree: _____

Please complete the following if this is a joint gift:

Joint Donor's Name: _____

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2

Enclosed is my check in the amount of \$ _____
made payable to the Department of African American Studies D29400

I authorize the DAAS to collect \$ _____
through :

Visa MasterCard

Discover AMEX

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3

Please mail this form to: Department of African American Studies D29400
Eastern Michigan University
620 Pray - Harrold
Ypsilanti, MI-48197
Phone: 734-487-3460
Fax: 734-486-6891