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In support of our students and their academic success

Name: _____

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I/We would like to pledge \$2,500 annually for a total of \$5,000 over two years to name the following term scholarship: _____

If you are designating your scholarship for use at a specific school/college or athletics team, please specify:

First Payment Date: _____

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(Reminders will be sent prior to payment due date)

Signature: _____ Date: _____

To learn more about UAlbany Term Scholarships visit our website at:
www.albany.edu/giving/term-scholarship-fund-excellence

To make your pledge, email this form to your contact at UAlbany or mail it along with your information and/or check to:
The UAlbany Foundation | PO Box 761 | Albany, NY 12201

Thank you for your support!



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