



To make a gift to Salus University, please print and complete this form and return via:

**Fax:** 215.780.1396

**Email:** alumni@salus.edu

**Mail:** Office of Institutional Advancement, Salus University,  
8360 Old York Road  
Elkins Park, PA 19027-1516

Name \_\_\_\_\_ Class Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**I would like to designate my gift to the following College:**

- Pennsylvania College of Optometry
- George S. Osborne College of Audiology
- College of Education and Rehabilitation
- College of Health Sciences (Physician Assistant Program)

**I would like to make a gift to Salus University** (please print)  **in honor of**  **in memory of**

Name \_\_\_\_\_ Class Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is my gift to Salus University for \$ \_\_\_\_\_.

- Check (made payable to Salus University)
- Credit
  - AMEX
  - Discover
  - Mastercard
  - Visa

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ V-Code (on back of card) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

**Thank you for your support!**