



Donation Form

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

Phone: 215.780.1391

Fax: 215.780.1513

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 _____

Home Cell Business

Home Business

I would like to designate my gift to the following Fund:

University Fund

Other

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 _____

Enclosed is my gift to Salus University for \$ _____

Make this a one time gift

I would like my gift to recur monthly (10th)

Check (made payable to Salus University)

Credit Card

AMEX Discover Mastercard Visa

Card Number _____

Exp. Date _____ Security Code _____

Cardholder's Name _____ Signature _____

Thank you for your support!

If you have any questions, please contact alumni@salus.edu or 215.780. 1391