

I/WE WOULD LIKE TO BE A PART OF THE PRESIDENT'S PARENT COUNCIL AND SUPPORT CHRISTOPHER NEWPORT

- Silver Tier \$2,500 (or \$250 per month over 10 months)
- Blue Tier \$1,000 (or \$100 per month over 10 months)
- Other: _____

COMMITMENT OPTIONS

- One-Time Gift
- Scheduled Payments: _____ # of payments of _____ for Monthly / Quarterly / Twice a Year
- Recurring Gift: Monthly / Quarterly / Twice a Year / Yearly

SELECT AN AREA OF SUPPORT

- Area of Greatest Need
- Annual Scholarship Fund
- Other: _____

PAYMENT OPTIONS

- Check made payable to CNU EF (CNU Education Foundation Inc.)
- Company Match: _____
- Stock or Cash Transfer

Please mail your check along with this form to Christopher Newport University, Office of Advancement, 1 Avenue of the Arts, Newport News, VA 23606 with PPC and Area of Support in the memo line

ABOUT YOU AND YOUR FAMILY

Name(s): _____

Birthday(s) Month/Day: _____

Are you or your spouse/partner a CNU Alum? _____ No _____ Yes, Class of _____

Your Captain's Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Email(s): _____

Are you or your spouse a Veteran? _____

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Questions about parent giving or President's Parent Council? Please contact:

Mary-Margaret Wells
Director of Parent and Athletic Giving
(757) 594-8590 | mary-margaret.wells@cnu.edu

Jillian Knight
Annual Giving Associate
(757) 594-7038 | jillian.knight@cnu.edu