



College Revival Fund

The campaign for the future of Antioch College

Personal Information

Name: _____

Address: _____

City _____ State _____ Zip _____

Email: _____

Phone: _____

Donation Amounts

\$ _____ Date _____

\$ _____ Date _____

\$ _____ Date _____

\$ _____ Date _____

\$ _____ Total Pledge

Direct my gift to:

- Area of greatest need
- Independent Antioch College
- Legal Defense Fund
- Nonstop Liberal Arts Institute
- Other _____

Payment Information

Send form/check to:

College Revival Fund

PO Box 444

Yellow Springs, OH 45387

Or charge my credit card

Name on card _____

Type of card: Visa Master Card

Credit Card Number _____

Credit Card Expiration Date _____

Credit Card Security Code: _____

I hereby state my intent to make the donation set forth above to the College Revival Fund.

Signature _____

Date _____