



2018 - 2019 Membership Form

(Membership Year is from July 1 – June 30)

You can also complete your membership and submit payment via Credit Card/PayPal online! Simply visit our website <http://www.psucentre.org> and click the "Membership" link on the right or go directly to the membership page <http://www.psucentre.org/index.php/membership/>.

Please check all that apply:

- New Membership
- Membership Renewal
- Update Contact Information
- Other

Annual Membership: \$ _____
(\$20/Individual, \$25/Joint)

Other Targeted Giving \$ _____
(Please specify. See form below for Endowed Scholarship and Emergency Grant Funds)

- Blue Band Uniforms
- International Students
- Student Involvement
- Communications

Total Enclosed \$ _____

Please return this form, with an enclosed check payable to CCCPSAA to:
CCCPSAA
P.O. Box 10082
State College, PA 16805-0082

For more information contact:
President,
Centre County Chapter Penn State Alumni Association
cccpsaa@gmail.com

Yes! I'd like to get involved. My areas of interest are: _____

PLEASE Print Clearly!!!!

	Primary Member	Joint Member
Last Name		
First Name		
Email		
Class Year (if an alum)		
Phone		

Address Line 1 _____

Address Line 2 _____

City, State, Zip _____



YES, I'd like to make a gift to Penn State!



I'd like to make a gift in the amount of:
\$500 \$250 \$100 Other \$ _____

- Centre County Chapter of the Penn State Alumni Association Endowed Scholarship (SXXCE)
- Centre County Chapter of the Penn State Alumni Association Emergency Grant Fund (SXXA2)

Three or Five-year Pledges

- I pledge a total gift of \$1,500-\$4,999 and would like to make payments over 3 years.
- I pledge a total gift of \$5,000 or more and would like to make payments over 5 years.

My 1st payment of \$ _____ is enclosed.

Signature: _____ Date: _____

Matching Gifts Program

- I will arrange for my company to match this gift.

Company Name _____

- Check enclosed, made payable to Penn State
- Charge my: Visa MasterCard AmEx Discover

Name

Address

City, State, Zip

Phone

Account number

Expiration date

Name as it appears on card

Signature

Please return the bottom half of this form to:
Office of Annual Giving
2583 Gateway Drive, Suite 200
State College, PA 16801