



The Annual Fund Matching Gifts Form

Name: _____

Class Year: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Occupation: _____

Form of Payment: Check Credit Card # _____ Ex: ____ / ____

Please make checks payable to: Spartanburg Methodist College

Name on Credit Card: _____

**PLEASE RETURN THIS FORM
(with check, if appropriate)
TO:**

Institutional Advancement Office
Spartanburg Methodist College
1000 Powell Mill Road
Spartanburg, SC 29301