



**The Institute of Human Nutrition
ANNUAL FUND
Gift by Mail**



Please return the completed form to:

Columbia University
The Institute of Human Nutrition
630 West 168th Street
PH 15 East - Room 1512, Box 61
New York, NY 10032
Attn: Alumni Relations

Name _____ **School/Class Year** _____

Surname (if different at graduation)

Address _____ **City** _____ **State** _____ **Zip/Postal Code** _____

Day Phone (in case we have questions) _____ **E-mail** _____

_____ **Check here if this is a new address** _____ **Is your spouse a Nutrition graduate?**

Spouse's Name School/Class Year _____

Surname (if different at graduation)

GIFT INFORMATION

Gift Amount \$ _____

Optional: I would like to make a gift in memory of: _____

_____ **Check enclosed (please make payable to Columbia Univeristy).**

Please charge my _____ **Visa** _____ **MasterCard** _____ **American Express**

Card Number _____ **Exp. Date (MM/YY)** _____

Verification Code: _____

Name as it appears on card _____ **Signature** _____ **Date** _____

We will issue an official acknowledgement as soon as your gift is recorded.