

Tell Us About Yourself

First Name(s)	Last Name	Maiden Name	
Address	City	State	Zip Code
Telephone	Email Address	Class Year	

Tell Us About Your Gift

I / we would like to contribute \$ _____ to Saint Mary's University of Minnesota.

I / we would like this gift to benefit *(please choose one of the following)*:

- Undergraduate College Schools of Graduate and Professional Programs Both *(split gift)*

Include special comments below *(program designation, restrictions, honor/memorial gifts)*

(Optional) My employer will match this gift. The matching gift form is: Enclosed Being sent later

(Optional) I / we would like for this gift to remain anonymous

Select a Payment Method

- Check enclosed *(made payable to Saint Mary's University)*
- I / we would like to use a credit card *(complete card information)* MasterCard or Visa

Card Number _____/_____/_____/_____	Expiration Date ____/____/____/____
Signature _____	Today's Date <i>(mm/dd/yr)</i> ____/____/____

- I / we would like to make an ongoing gift in monthly installments of \$ _____ using:
- Credit card *(fill in your card information above)*
- Checking account *(please fill in the following information)*

Routing Number
(The first set of numbers at the bottom left of your check – 9 digits)

Account Number
(The middle set of numbers at the bottom of your check)

All ongoing gifts will be processed on the 5th day of each month.

Send Your Gift

If you have any questions about making your gift, or would like more information, please call our office toll free at **800-635-5987, ext. 6647** and we will be happy to assist you. When you have completed this form, please mail it to Saint Mary's using the following address:

Office of Development and Alumni Relations
Saint Mary's University of Minnesota
700 Terrace Heights #21
Winona, MN 55987

Thank you for your generous gift!