



Please mail to:

University of St. Thomas, Office 109  
2115 Summit Ave. St. Paul, MN 55105-1096



Name: \_\_\_\_\_ St. Thomas ID#: (optional) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred telephone number (Home / Business / Cell / Fax): \_\_\_\_\_

St. Thomas Affiliation(s): (Please check all that apply)

Current Student  Parent of a current student  
 Parent of a former student



### Payment

#### Check

Please send a reminder for \$ \_\_\_\_\_ to me every \_\_\_\_\_ months for a total gift of \$ \_\_\_\_\_  
 Check enclosed

#### Credit Card

Please charge \$ \_\_\_\_\_ to my credit card.

One Time  Monthly for a total gift of \$ \_\_\_\_\_

Visa  MasterCard  Discover

Name: (Please print) \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### Special Instructions

Gift  Honor Gift  Memorial

Arranged account if applicable: \_\_\_\_\_

Please notify: (Address) \_\_\_\_\_

I would like more information on planned giving.