School of Engineering Giving Form

I would like to contribute to the success by Giving to the School of Engineering. Please apply my contribution to the following designations (check all that apply):

☐ Engineering Student Excellence Fund (90904)

☐ Board of Governors Scholarship Fund (91419)

☐ Memorial Scholarship - Indicate name of honoree __________________________

Name(s)

____________________________________________________________________

Address, City, State, Zip

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Phone

____________________________________________________________________

E-mail address

____________________________________________________________________

Below are four options for how you may give: electronic funds transfer, electronic payment through credit card, online payment, or enclosing a check.

Please print and mail this completed form to:
Development Office, University of St. Thomas, PO Box 64947, Saint Paul, MN 55164-0947.
Contact Mike Rowan at (651) 962-6977 or (800) 328-6819, ext. 2-6977 with any questions.
**Option 1: Credit Card**

I authorize St. Thomas to charge my: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Monthly: ☐ 1st or ☐ 15th of the month, beginning ______/______ (month/year) and ending ______/______ (month/year), for a total gift of $_______________

Yearly: ☐ on the 1st of ___________ (month), for the next _______ years, with a final payment on ________/______ (month/year), for a total gift of $_______________

Ongoing: ☐ on the 1st of ___________ (month), for a monthly gift of $_______________ until I request the deductions to stop.

Card No. ________________________________ Exp. __________

Name on card _____________________________________________

Signature ________________________________________________

**Option 2: Electronic Funds Transfer – Checking Account** (You must include a voided check.)

I authorize my bank to make payment(s) out of my checking account and to post them to my account.

Monthly: ☐ 1st or ☐ 15th of the month, beginning ______/______ (month/year) and ending ______/______ (month/year), for a total gift of $_______________

Yearly: ☐ on the 1st of ___________ (month), for the next _______ years, with a final payment on ________/______ (month/year), for a total gift of $_______________

Ongoing: ☐ on the 1st of ___________ (month), for a monthly gift of $_______________ until I request the deductions to stop.

Signature ________________________________________________

**Option 3: Pay online:  https://webapp.stthomas.edu/OnlineGiving/**

**Option 4: Pay by check**

My check for $__________ is enclosed. Make check payable to University of St. Thomas.

☐ *I am including my Employer Matching Grant Form*

**THANK YOU!**