

Giving Form

Name: _____ St. Thomas ID # (optional): _____

Address: _____

City, State, ZIP: _____ Country (if other than United States): _____

E-mail address: _____

Preferred telephone number: () _____ Home Business Cell

St. Thomas affiliation(s) (Please check all that apply.)

- St. Thomas graduate/former student, Class: _____ Parent of a current student Faculty/staff member
 Current student Parent of a former student Friend

Please direct my gift(s) in the following manner:

Academic Priorities

Financial aid

Undergraduate

- \$ _____ Need-based
 \$ _____ Merit-based
 \$ _____ Community Builder
 \$ _____ Middle-income
 \$ _____ Other _____

Graduate

- \$ _____ School of Law
 \$ _____ Opus College of Business
 \$ _____ College of Applied Professional Studies
 (Education and Professional Psychology)
 \$ _____ School of Social Work
 \$ _____ School of Divinity
 \$ _____ Other _____
- \$ _____ Endowed chairs
 \$ _____ School of Law
 \$ _____ Deanships and strategic funds
 \$ _____ Center for Ethical Business Cultures
 \$ _____ Murphy Institute for Catholic Thought, Law and
 Public Policy
 \$ _____ William C. Norris Institute
 \$ _____ Core-curriculum enhancement
 \$ _____ Center for Catholic Studies
 \$ _____ Jay Phillips Center for Jewish-Christian Learning

Building Priorities

Student center, athletic and recreational facilities, and parking ramp

- \$ _____ Student center
 \$ _____ Athletic and recreational facilities
 \$ _____ Aquatic center
 \$ _____ Parking ramp
 \$ _____ School of the Arts
 \$ _____ Murray-Herrick Campus Center
 \$ _____ Bernardi campus
 \$ _____ Information Commons
 \$ _____ Center for Catholic Studies/Sitzman Hall
 \$ _____ Daniel C. Gainey Conference Center
 \$ _____ O'Shaughnessy Educational Center auditorium
 \$ _____ Chapel of St. Thomas Aquinas

Other Priorities

- \$ _____ Unrestricted Annual Fund
 \$ _____ Restrict my gift to another purpose:

\$ _____ **Total gift**

Please continue to the next page for payment information. »

Payment type:

Check:

Please send a reminder for \$ _____ to me every _____ months, for a total gift of \$ _____.

Check enclosed (*Make check payable to: University of St. Thomas*)

Credit card:

Charge my gift to my credit card. Please charge \$ _____ to my credit card one time monthly, for a total gift of \$ _____.

Visa MasterCard Discover

Name (*please print*):

Card Number:

Exp. date:

Signature:

Electronic funds transfer:

\$ _____ one time monthly 1st of the month 15th of the month, for a total gift of \$ _____.

Signature:

(Please attach a voided check)

Special Instructions

Honor Gift/Memorial Gift

Honor gift Memorial gift

Name and occasion, if applicable:

Please notify (*address*):

Matching Gifts/Estate Planning

My current/former (if retired) employer will match my gift.
The matching-gift form:

is enclosed will be sent later

www.stthomas.edu/development/matchinggifts

I have included the University of St. Thomas in my estate plans.

I would like to include the University of St. Thomas in my estate plans.

Thank you for your gift.

www.givetoust.org