



Name

Street Address

City State Zip Code

Phone Email

Yes, please email me news about the college

I/we intend to give a gift in the amount of \$ _____

My/our gift is designated for general use by College

My/our gift is designated restricted as follow:

Support for a Scholarship Fund:

General Scholarship Fund

Specific Scholarship Fund (designate) _____

Put toward a Pledge payment (designate) _____

Would like to learn more about Planned Giving and other ways I can support the College

Methods of Payment

Check Enclosed: Make check payable to St. Thomas Aquinas College

Yes, my employer will match donations: *1 to 1, 2 to 1, 3 to 1* (circle matching gift level)

Company Name _____

Company Address _____

Credit card payment

Amex

Visa

MasterCard

Discover

Cardholders' Name _____

Card Number _____ Expiration Date _____

Mail form along with payment to the address below

*St. Thomas Aquinas College
Office of Institutional Advancement
125 Route 340
Sparkill, New York 10976
845-398-4020*