



Statement of Support

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

My/Our gift is designated for unrestricted use.

My/Our gift is restricted as follows:

Naming Opportunity: _____

Scholarship Fund: _____

Enclosed is my/our check for our entire gift of \$ _____ .

Enclosed is \$ _____ , which represents a portion of my/our gift.

I/We intend to make annual installments to fulfill our pledge of
\$ _____ during the following years:

2009 2010 2011 2012 2013 *(circle all that apply)*

Please remind me annually during the month of _____ .

Please contact me/us to discuss my/our giving intentions.

Name

Street Address

City

State

Zip

Phone

E-mail

Signature

Date

For campaign honor rolls, please list my/our name(s) in the following format:

Name

Name

Do not list me/us on any honor roll.

Just Say Charge It!

Take the convenience of a credit card charge below.

Amex MasterCard VISA Discover

Account Number: _____

Expiration Date: _____

Authorized Signature: _____

Authorization Code (3-digit code from back of credit card): _____

I am enclosing a check*

**Please make check payable to St. Thomas Aquinas College
For more information please call: 845-398-4045*