

Please mail to:

University of St. Thomas, Mail LOR 309
2115 Summit Ave. St. Paul, MN 55105-1096

Giving Form

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

Address: _____

City, State, ZIP: _____

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

___ Current Student ___ Parent of a former student

___ Faculty/Staff member ___ Friend

I would like to give \$ _____ to The Selim Center for Lifelong Learning.

Payment

Check

- Please send a reminder for \$ _____ to me every _____ months, for a total gift of \$ _____.
___ Check enclosed (make check payable to the University of St. Thomas with Selim Center in the memo line)

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: _____ Expiration Date: _____

Signature: _____

Special Instructions _____

Honor Gift/Memorial Gift

___ Honor Gift ___ Memorial Gift

Name and occasion, if applicable: _____

Please notify: (Address) _____

___ I have left a gift to the Selim Center for Lifelong Learning in my estate.

___ I would like more information on planned giving.