

Lourdes University Gift Form



Name _____ Date _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Email _____

- I would like to make a gift of \$ _____ to Lourdes University.
- Please designate my gift to the area of greatest need. Please designate my gift to _____

Payment Options

Cash / Check

Stock

Credit Card Please charge \$ _____ to my Visa MC Discover American Express

Charge Card # _____ Exp. Date _____

Signature _____ Card ID _____

(required for all gift payment options)

Pledge Please bill me during the following months: _____

My/My spouse's employer will match my gift. Please contact me about submitting a matching gift form.

I have named Lourdes University in my will.

**Please return form to Lourdes University, Institutional Advancement
6832 Convent Blvd., Sylvania, OH 43560**

To make a gift online visit www.lourdes.edu/donate

THANK YOU!