



Name _____

Alumni Parent Friend

Class Year _____

Address _____

City/State/Zip _____

Home Phone: (____) ____-____

Email: _____

GIFT/PLEDGE AMOUNT

Amount \$ _____

Please select your method of payment:

- Enclosed is my check made payable to Mount St. Mary's University.
- I wish to make my gift by credit card.

Credit Card Options Automatic Monthly Charge

I authorize Mount St. Mary's to charge \$ _____ per month
Start date ____/____/____ End date ____/____/____

One-Time Charge

I authorize Mount St. Mary's to charge the full payment of my pledge

Please charge my:

MasterCard American Express Discover Visa

Account Number

Exp. Date ____/____ Security Code (on back of card) _____

Signature

Please credit my gift to:

- Mount Annual Fund
- Other (please specify)

My gift will be matched by (company):

- I have already completed authorization of the matching gift with my company.
- I have enclosed the necessary matching gift form.

Click here for a list of matching gift companies or go to:
<http://www.matchinggifts.com/msmary/>

Please provide us with employment information:

Employer: _____

Title: _____

Employer Address: _____

Work Phone: (____) ____-____

Mail completed form with necessary payment information to:

**Mount St. Mary's University
Development Office
16300 Old Emmitsburg Road
Emmitsburg, MD 21727
301-447-5361**

Mount St. Mary's fiscal year ends June 30.