

ST. LAWRENCE UNIVERSITY

Faculty and Staff Campaign Gift/Pledge Form

Name _____ Gift/Pledge \$ _____

Your giving helps to assure the University's future success. Please select whether you would like your gift to be unrestricted, thus supporting our educational mission, or whether you choose to support a particular facet of St. Lawrence's rich and diverse community. The many scholarship and program funds are too numerous to list below, so please indicate if there is a particular fund you wish to support.

My gift is unrestricted.

Support the department, program, or fund of your choice:

I would like to make my gift by Credit/Debit card

Card number

Exp. Date

Signature

If you choose, you can honor a member of the St. Lawrence Family with your gift.

Name of individual to be honored (please print legibly)

Circle: Professor Coach Staff Alumna/us

St. Lawrence will send a note to the person you are honoring to let them know a gift has been made in their honor. They will also be listed in the annual Report of Appreciation in the "In Honor" section.

Checks should be made payable to St. Lawrence University. Send check with completed gift form to the Alumni and Parent Programs Office, Vilas Hall.

