



Please mail to:

University of St. Thomas, MCH OEC 109
2115 Summit Ave. St. Paul, MN 55105-1096



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)

Current Student Parent of a current student
 Parent of a former student



Payment

Check

Please send a reminder for \$ _____ to me every _____ months for a total gift of \$ _____

Check enclosed

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

Gift Honor Gift Memorial

Arranged account if applicable: _____

Please notify: (Address) _____

I would like more information on planned giving.