PLEDGE CO	DMMITMENT				
	ike to commit to the f a with my/our gift of:	uture vision of Saint Mary	's University		
□ \$5,00	00 🗆 \$25,000	\$100,000		\$243 M	
□ \$10,0	00 🗆 \$50,000	□ \$250,000	☐ Other Amount		
Please use m	ny/our gift for the follo	owing:			
☐ Business Initiative		☐ Athletics Initiative	☐ First Generation Initiative		
	emic Scholarships		☐ Twin Cities Campus Initiativ	e Saint Mary's	
☐ Lasal	lian Formation	☐ Saint Mary's Fund	☐ Other		
DONOR INI	FORMATION				
NAME(S)					
ORGANIZAT	TION				
ADDRESS _					
CITY			STATE	ZIP	
DAY PHONE			EVENING PHONE		
E-MAIL					
PAYMENT I	NFORMATIO	N			
☐ My/d	our contribution is pay	vable over12	3 4 5 years		
□Му	☐ My/our first gift on this pledge will be made on (month/day/year)/				
☐ My/d	My/our check is enclosed in the amount of \$ (Please make payable to Saint Mary's University of Minnesota)				
□ I/we	☐ I/we intend to request my/our donor-advised fund to make the payments indicated above.				
□ I/we	☐ I/we would like to charge my/our credit card: ☐ MasterCard ☐ Visa ☐ Discover ☐ American Express				
Initi	Initial gift amount \$ Ongoing monthly gift amount \$				
NA	ME ON CARD				
CAI	CARD NUMBER				
EXPIRATION DATE			SECURITY (CODE	
SIG	NATURE		DATE		
		der to address above:			
		rterly Semi-annua			
☐ Please contact me/us about paying my pledge with stock.					
☐ My/c	our company will matc	ch my/our gift.			



SIGNATURE ___

OFFICE OF ADVANCEMENT

700 TERRACE HEIGHTS #21 WINONA, MN 55987-1399 USA 507-457-6647 For more information, contact: Office of Advancement 507-457-6647 giving@smumn.edu

Thank you for your support of Saint Mary's University!

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__ DATE ___