Saint Louis University Gift Form

Complete and mail to:
University Development
One N. Grand Blvd.
DuBourg Hall Rm 319 St.
Louis, MO 63103

Questions?:
314.977.2341
giving@slu.edu
slu.edu/giving

My/Our gift is: $__________________
*Donors with a gift of $1,000 or more annually will be recognized at one of our leadership giving donor recognition levels. For more information, call 314-977-3145 or visit slu.edu/giving.

I would like to set up a recurring gift: □ Monthly □ Quarterly □ Annually

__________ (#) payments of $_______________ for a total pledge of $_________________________.

Check the fund(s) you wish to support:
□ Saint Louis University Annual Fund (00006)
□ School/College of __________________________Annual Fund
□ SLU Financial Need Scholarship (11306)
□ SLU Merit Scholarship (11307)
□ SLU Retention Scholarship (11305)
□ SLU Military Need Scholarship (11309)
□ Other (Please Specify): __________________________

Method of payment:
□ Check (Please make checks payable to Saint Louis University)
□ Visa □ MasterCard □ American Express □ Discover

Card #: __________________________________________ Expiration: ___________________

Name as it appears on card: __________________________________________________________

Matching Gifts:
□ My (or my spouse’s) employer will match this gift.

Company Name: __________________________________________________________

Visit slu.edu/waystogive to search for your employer and their matching gift details.

Memorial and Honorary Information:
This gift is made in □ honor / □ memory of: ________________________________

□ Please inform the following honoree or next-of-kin of my contribution (amount will be excluded). (Include name, relationship to memorialized individual (if applicable), and their address below):

________________________________________________

________________________________________________

________________________________________________

Contact Information:

Name __________________________ Email __________________________

Home Address __________________________ Home Phone __________________________

________________________________________ Cell Phone __________________________

City __________________________ Employer __________________________

State _______ Zip __________________________ Job Title __________________________

□ Alumnus □ Parent/Former Parent □ Faculty/Staff □ Other

Signature: __________________________ Date: __________________________

Thank you for supporting Saint Louis University!