



**SAINT LOUIS  
UNIVERSITY™**  
— EST. 1818 —

**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

## Saint Louis University Gift Form

**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](http://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](http://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!***