



Please return in the enclosed envelope or visit www.stonehill.edu/giving

I/We would like to make: please select

- A 3-year pledge A one-time gift this fiscal year

3-Year Pledge Details: Please select a total pledge amount, then select if you would like to make payments annually, semiannually, quarterly or monthly. You have the option to be billed according to the selection below or to make automatic payments. (see reverse)

Table with 5 columns: Total Pledge Over 3 Years, Annually, Semiannually, Quarterly, Monthly. Rows include pledge amounts from \$500 to \$25,000.

One-Time Gift Details:

Gift of: \$25 \$50 \$100 \$250 \$500 \$1,000 Other \$

FUND DESIGNATION

Please check a box to designate your gift. If you select more than the Class of 1969 Reunion Gift, your gift will be evenly distributed or distributed as you indicate.

- Class of 1969 Reunion Gift (Display Case) Gift Amount: \$
Pillar Society Scholarship Gift Amount: \$
Father John E. McCarthy Memorial Scholarship Gift Amount: \$
Other Designation(s): Fund Name: Gift Amount: \$

MATCHING GIFT COMPANY

My/Our gift will be matched by (company name). Please find the form enclosed or form will be forwarded.

ESTATE GIFT

I/We have remembered Stonehill in my/our will.

Please fill in payment information on the reverse side of this form.

PAYMENT INFORMATION

NAME:	CLASS:
SPOUSE NAME:	SPOUSE CLASS:
ADDRESS:	
EMAIL:	TELEPHONE:

Payment is for my/our:

1st Pledge Payment **OR** **One-time Gift** *(please be sure gift amounts are selected on reverse side)*

PAYMENT METHOD

- My/Our check, made payable to Stonehill College, is enclosed.
- Please charge the one-time gift/1st pledge payment: American Express MasterCard VISA

Card Number: _____
 Expiration Date: _____ Security Code: _____
 Name on Card: _____ Signature: _____

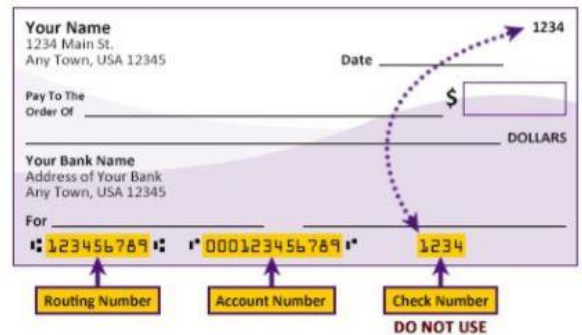
FOR 3-YEAR PLEDGE PAYMENTS – please select one option

- Send me pledge reminders by mail.
- Charge the credit card above automatically for my pledge payments.*
- Please use my checking account automatically for my pledge payments.*

Fill in the below details for a checking account gift:

Please include a voided check with this form

ABA Routing Number: _____
 Account Number: _____
 Name on Account: _____



***PLEASE READ AND SIGN BELOW**

Required for automatic credit card or checking account payments.

I hereby authorize my bank or credit card company to charge my account each month and pay Stonehill College the amount indicated above. This authorization will remain in effect until I, Stonehill College or my financial institution revoke it in writing.

Signature: _____ Date: _____

Thank you from the Class of 1969 50th Reunion Committee