



THE WELLNESS INITIATIVES FUND

The Wellness Initiatives Fund provides financial support to various student wellness programs, trainings, and events.

NAME:	CLASS:
SPOUSE NAME:	SPOUSE CLASS:
RELATIONSHIP TO STONEHILL: <input type="checkbox"/> ALUMNI <input type="checkbox"/> PARENT <input type="checkbox"/> FRIEND <input type="checkbox"/> FACULTY/STAFF <input type="checkbox"/> RETIREE <input type="checkbox"/> STUDENT	
ADDRESS:	
EMAIL:	TELEPHONE:

GIFT INFORMATION

Gift Amount \$ _____

PAYMENT METHOD

My/Our check, made payable to Stonehill College, is enclosed.

Please charge my/our credit card.

Credit Card: American Express MasterCard VISA

Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____ Signature: _____

DESIGNATION

The Wellness Initiatives Fund

MATCHING GIFT COMPANY

My/Our gift will be matched by _____ (company name).

Please find the form enclosed or form will be forwarded.

Thank you for supporting the Wellness Initiatives Fund

Please mail completed form to:

Office of Development | Stonehill College | 320 Washington Street Easton, MA 02357-6242

To make your gift online, visit www.stonehill.edu/giving/wellness-initiatives-fund.