

STONEHILL COLLEGE FUND

NAME:						CLASS:		
SPOUSE NAME:					SPOUSE CLASS:			
RELATIONSHIP TO STONEHILL:					JLTY/STAFF RETIREE STUDENT			
ADDRESS:								
TELEPHONE: EMAIL:								
PLEASE ACCEPT MY/O	UR GIFT OF:							
□ \$1,000	□ \$500	□ \$250	□ \$100		\$50	□ \$25		
	□ OTHER: □ GIFT IS A PLEDGE PAYMENT							
PLEASE CHARGE MY/OUR GIFT MY/OUR GIFT IS ENCLOSED (Please make checks payable to Stonehill College)								
PAYMENT METHOD:								
Credit Card: AM								
CARD NUMBER:								
Name on Card:								
Signature:								
MATCHING GIFT COMI Please find the D form		m will be forwa	rded.					
GIFT DESIGNATION:								
□ STONEHILL COLLEGE □ OTHER (please specify) _		SCHOLARSH			ATHLETICS	5		
My gift is a tribute 1 In honor of D In me								
THANK YOU FOR YOUR SUPPORT								
Please mail completed form to: Office of Development Stonehill College 320 Washington Street Easton, MA 02357-6242								

To make your gift online, visit <u>www.stonehill.edu/giving</u>.