

STONEHILL COLLEGE FUND

NAME:				CLASS:		
SPOUSE NAME:					SPOUSE CLASS:	
RELATIONSHIP TO STO	NEHILL: 🗆 ALUM	INI 🗆 PAREN	it 🗆 friend [] FACULTY/STAFF	☐ STUDENT	
ADDRESS:						
TELEPHONE:			EMAIL:			
PLEASE ACCEPT MY/	OUR 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: ☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA						
CARD NUMBER:						
EXPIRATION DATE: SECURITY CODE:						
NAME ON CARD:						
SIGNATURE:						
Matching Gift Con	ИРАNY:					
Please find the □ form enclosed or □ form will be forwarded.						
GIFT DESIGNATION:						
☐ STONEHILL COLLEG	E FUND	□ SCHOLAR	SHIPS	☐ ATHLETIC	S	
☐ OTHER (please specify)						
MY GIFT IS A TRIBUTE ☐ IN HONOR OF ☐ IN						
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THANK YOU FOR YOUR SUPPORT						