

## Please fill out this form completely and mail to:

Loyola University Maryland Office of Advancement 4501 North Charles Street Baltimore, MD 21210

| * This is a:                               | □ New, one-time gift  | □ Pa            | yment on an ex  | isting pled             | ge                   |                  |                |
|--|---|-----------------|---|-------------------------|----------------------|------------------|----------------|
| * Please fulf                              | fill my gift as follows   | (please check   | one):   |                         |                      |                  |                |
|  | to make a one-time gift to make a recurring gift                                    |                 |   | □ Mont                  | th □ Qua             | urter 🗆 Y        | ear ear        |
| * Designation                              | <b>On</b> (If you wish to give to more  | than one design | ation, please check                                     | all that apply o        | and your gift will b | e divided equall | y among them): |
| □ Greyhou<br>□ Student<br>□ Diversit       | en Annual Fund<br>unds Athletics Fund<br>Success Fund<br>y, Equity, and Inclusion F | 'und            | □ Loyola College<br>□ School of Edu<br>□ Sellinger Scho | cation<br>ool of Busine | ess and Manage       |                  |                |
| * Payment T                                | · -   | □ Discover      | □ Aı  | merican Exp             | oress                | □ Check          |                |
| Credit card number: Expiration Month/Year: |   |                 |   |                         |                      |                  |                |
| Signature:                                 |   |                 |   |                         |                      |                  |                |
| * Contact Int<br>* First Name:             |   |                 |   |                         | Middle Initia        | l:               |                |
| * Last Name:                               |   |                 |   |                         |                      |                  |                |
| * Street Addre                             | ess:  |                 |   |                         | -                    |                  |                |
| * City:                                    |   |                 |   |                         | * State :            | * Zip Cod        | e:             |
| * Phone Numb                               | ber:  |                 |   |                         | <u>-</u>             |                  |                |
| * Email Addre                              | ess:  |                 |   |                         | -                    |                  |                |
| * Your relation                            |   | □ Fac           | <b>and</b> ( <i>check all tha</i><br>culty/Administr    |                         | □ Stud               | lent             | □ Friend       |
|  | spouse/partner work for<br>ase contact your human                                   |                 |   |                         |                      |                  |                |
| I will arrange to                          | o have my gift matched: [   | □ Yes □ No      | Matching gi   | ft company:             |                      |                  |                |

Have a question about your gift? Contact us at 410-617-2296 or email annual\_giving@loyola.edu

\* Required fields CC: