

SUPPORT SAINT LOUIS UNIVERSITY

I would like to support Saint Louis University with a pledge of \$ _____ for the benefit of:

- | | |
|---|--|
| <input type="checkbox"/> Saint Louis University Financial
Need Scholarship (11306) | <input type="checkbox"/> Diversity and Innovative Community
Engagement Fund (11434) |
| <input type="checkbox"/> Billiken Bounty Student Food Pantry (11440) | <input type="checkbox"/> Student Mental Health Support Fund (11435) |
| <input type="checkbox"/> Annual fund, School/College: _____ | |
| <input type="checkbox"/> Other fund, please specify: _____ | |

Payment Schedule

- | | | | |
|---|----------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Single Payment | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annual |
| First Payment Date: _____ | | Installment Amount: _____ | |

Method of Payment

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Check (please make check payable to Saint Louis University) | <input type="checkbox"/> Credit Card* |
| <input type="checkbox"/> A Donor-Advised Fund** Name of Fund: _____ | |
| <input type="checkbox"/> A Family Foundation** Name of Foundation: _____ | |

*A SLU representative will be in contact to securely accept your credit card information and discuss automatic payment options with you.

**If your gift or pledge will be paid from a donor-advised fund or private foundation, your gift will become an "intention" and not a legally binding pledge.

Matching Gifts You can search online for matching gift program information at slu.edu/waystogive.

- | | |
|---|---------------------|
| <input type="checkbox"/> My / <input type="checkbox"/> My spouse's employer will match this gift. | Company Name: _____ |
|---|---------------------|

Planned Gifts

- | |
|--|
| <input type="checkbox"/> I have provided for Saint Louis University in my will. |
| <input type="checkbox"/> I would consider including Saint Louis University in my will. Please send additional information. |

Additional Notes

- | |
|---|
| <input type="checkbox"/> I wish to remain anonymous; please omit my name from the donor honor roll. |
|---|

Contact Information

Name _____	Email _____	
Employer _____	Title _____	
Home Address _____		
City _____	State _____	Zip _____
Preferred Phone _____	Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	
Mobile Phone (if different from above) _____		

Signature _____ Date _____

Please forward this form and your payment to:

Saint Louis University
221 North Grand Blvd., Suite 319
St. Louis, MO 63103

giving@slu.edu | www.slu.edu/give | P: 314-977-2341 | F: 314-977-2213



SAINT LOUIS
UNIVERSITY™