



Marymount University

Office of Development

Phone: (866) 239-4279

Fax: (703) 284-1544

Date: ___/___/___

Section I: Donor Information

Name: _____

Class/Parent year: _____

Spouse: _____

Class/Parent year: _____

Address: _____

City/State/ZIP: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Section II: Gift Allocation

Marymount Fund annual support

I would like to make a gift of \$ _____

Please designate my gift to:

- Most Critical Needs Faculty Development Scholarships/Financial Aid
- Student Life Other _____

Section III: Gift Payment Information

- My check for the total amount is enclosed. *Please make checks payable to **Marymount University**.*
- Charge my: Visa MasterCard for the total amount of my gift.
- Charge my: Visa MasterCard for \$ _____ a month for _____ months.

Name: _____ (As it appears on card.)

Card Number	Expiration Date	Security Code
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Signature _____

- My employer/spouse's employer has a matching gift program, and I have enclosed a matching gift form.

Section IV: Gift Instructions

This gift is

- In honor of On behalf of In memory of

Name: _____

Section V: Planned Gift Opportunities

I would like to speak with a representative from the Office of Development regarding:

- Bequests Gifts of Appreciated Assets Charitable Trusts or Annuities
- Named Endowment Funds Named Gift Opportunities

Is Marymount University in your will or other testamentary plans?

- Yes No Would consider

Return this form to:

Marymount University
 Marymount Fund
 2807 N. Glebe Road
 Arlington, VA 22207