



**Marymount University
Office of Development**

Phone: (866) 239-4279
(703) 284-1647

Section I: Donor Information

Name: _____

Spouse: _____

Address: _____

Phone: _____ E-mail: _____

Section II: Gift Allocation

I would like to make a gift of \$ _____

Please designate my gift to:

Marymount Fund Chapel Fund Saints Club Other

Section III: Gift Payment Information

My check for the total amount is enclosed. *Please make checks payable to **Marymount University***

Please charge my: Visa Mastercard American Express

I would like to make a recurring gift of \$ _____ a month for _____ months.

Credit Card Number: _____

Expiration Date: _____ Security Code _____

Signature: _____

Section IV: Gift Instructions

This gift is: In honor of On behalf of In memory of

Name: _____

Please return this form to:

Marymount Fund
2807 N. Glebe Road
Arlington, VA 22207