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**Purchaser Information:**

Name of purchaser: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_

**Payment Method:**

\_\_\_\_\_ Check enclosed. *(Please make checks payable to the University of St. Thomas)*

\_\_\_\_\_ Cash enclosed

\_\_\_\_\_ Please charge my credit card. *Circle one:*    AmEx        MasterCard        VISA        Discover

Charge \$ \_\_\_\_\_ to my credit card.

Name of cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Please sign and return to the Office of Institutional Advancement**

Institutional Advancement, 3800 Montrose Blvd., Houston, TX 77006

**Or go directly to [www.stthom.edu/give](http://www.stthom.edu/give)**

Phone: 713-525-3100 | E-mail: [alumni@stthom.edu](mailto:alumni@stthom.edu)

