# University of St. Thomas
## In Tribute Gift Form

I would like to make a gift In Tribute:

☐ In Memory Gift to _____
*(Please Specify)*

☐ In Honor Gift to _____
*(Please Specify)*

Please notify the following of my gift: Name: _____
Address: _____
City/State/Zip: _____

I would like the gift to support:

☐ UST Annual Fund ☐ UST Scholarship Program ☐ Other_____
*(Please Specify)*

Enclosed is my gift of $ _____

☐ Check enclosed payable to University of St. Thomas.

☐ I would like to make a one-time credit card gift.

**CREDIT CARD INFORMATION**

Charge my: ☐ America Express ☐ VISA ☐ Master Card ☐ Discover

Name as it appears on Card: _____

ACCT No.: _____ Exp. Date _____

Signature: _____

☐ Enclosed is my matching gift form. ☐ I will forward a matching gift form.

**DONOR INFORMAITON**

Donor Name: _____

Address: _____

City/State/Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Class year if applicable: _____

*Gifts are acknowledged by letter within one week of receipt by the University. Please contact the university if you have not received your acknowledgement letter and tax receipt after 10 days of sending the gift to the university.*

Please print out form, complete and mail to:

Office of Institutional Advancement
University of St. Thomas
3800 Montrose Blvd.
Houston, Texas 77006
Phone: 713.525.3455 • Fax: 713-525-3101

University of St. Thomas

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