

# University of St. Thomas

## Donor Gift Form

I would like to support:     UST Annual Fund     UST Scholarship Program

University's Highest Priorities     Other: \_\_\_\_\_

Enclosed is my gift of \$ \_\_\_\_\_

Check enclosed payable to University of St. Thomas.

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

### *Legacy Club*

I would like to make a monthly donation of \$ \_\_\_\_\_ (minimum \$10)

Please charge my credit card.

Please charge my checking account. To aid in the transfer of funds from checking accounts please include a canceled or voided check.

### CREDIT CARD INFORMATION

Charge my:     AMEX     VISA     MC     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 INFORMATION

Donor Name: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

Class year if applicable: \_\_\_\_\_

Please print out form, Office of Institutional Advancement  
complete and mail to: University of St. Thomas  
3800 Montrose Blvd.  
Houston, Texas 77006  
Phone: 713.525.3100 • Fax: 713-525-3101



University of St. Thomas

*Thank you for your gift to the University of St. Thomas.*