

COLLEGE OF MOUNT ST. JOSEPH

Gift Form (Please Print)

Name: _____ Graduation year: _____

If alumnus/a, name while enrolled at the Mount: _____

Address: _____ City, State, ZIP: _____

Phone: _____ E-mail address: _____

Gift Amount: \$ _____

Purpose (check one): Mount Annual Fund Building Excitement Campaign Other _____

Is this a gift in memory or in honor of someone? If so, please print the person's name here: _____

I have already included or would consider including the Mount in my will or other charitable gift plan.

Matching Gifts: You can double the value of your gift if your or your spouse's employer has a matching gift program. Many companies also match retirees' gifts. Stop by or call your company's human resources office to request a matching gift form, complete the employee section, and mail to the Mount with your gift. We'll do the rest.

Please make checks payable to the College of Mount St. Joseph.

If paying by credit card, please complete the following:

Card type: VISA MasterCard Discover

Card number: ____ / ____ / ____ / ____ Expiration date: ____ / ____

Name on the card: _____

THANK YOU

Please return this form, with your gift, to the Mount by:

Mail: Office of Institutional Advancement
College of Mount St. Joseph
5701 Delhi Road
Cincinnati, OH 45233

Fax: (513) 244-4394