



UNIVERSITY OF DETROIT JESUIT GIFT FORM

NAME: _____ UDJ CLASS OF: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREFERRED PHONE: _____ PREFERRED EMAIL: _____

ENCLOSED IS A GIFT FOR: \$ _____

I WOULD LIKE TO DESIGNATE MY GIFT:

\$ _____ ANNUAL FUND

\$ _____ TUITION ASSISTANCE

\$ _____ SCIENCE & ENGINEERING CENTER

\$ _____ IN MEMORY OR HONOR OF: _____ (NAME)

\$ _____ UNRESTRICTED

\$ _____ RESTRICTED TO: _____

MATCHING GIFTS

MANY ORGANIZATIONS WILL MATCH THE VALUE OF CHARITABLE GIFTS MADE BY EMPLOYEES. WANT TO INCREASE YOUR IMPACT? ASK YOUR COMPANY'S BENEFITS TEAM IF THEY OFFER A MATCH.

I PREFER TO PAY BY CHECK (Please make payable to U of D Jesuit)

I PREFER TO PAY BY CREDIT CARD: MasterCard VISA Discover AMEX

NAME ON CARD: _____

CARD NUMBER: _____

EXP. DATE: ____ / ____ CARD SECURITY CODE: _____

SIGNATURE: _____

MAIL FORM TO:

U of D Jesuit • 8400 S. Cambridge Ave. • Detroit, MI 48221-1699
Telephone: 313-927-2323