

DONOR GIFT FORM (Please print)

Donor Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____ Email address: _____

GIFT INFORMATION

My gift of \$ _____ is designated to support _____

Check: A check (made payable to Xavier University of Louisiana) for the full amount of my gift is enclosed and will be mailed to: Xavier University of Louisiana, Office of Institutional Advancement, 1 Drexel Dr. Box 66, New Orleans, LA 70125

Charge: I will make a secure online credit card payment at www.giving.xula.edu

Pledge: My gift of \$ _____ will be paid with a (check one below)
_____ monthly _____ quarterly _____ annual installments of \$ _____
beginning on _____ (date). By signing below, I pledge the amount indicated above.

Signature (required for pledge commitment) Date

Please contact me about _____ a deferred or non-cash gift _____ a gift with appreciated stock

HONOR/MEMORIAL GIFTS

This gift is made ____ in honor of _____ in memory of _____ as a grateful student of

Name: _____

Please notify the following of my honor/memorial gift:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MATCHING GIFTS:

My gift will be matched by: (Please specify company name below and attach your company's matching gift form) _____

Please call (504)520-7575 if you have any questions or email ia@xula.edu.

Xavier University of Louisiana, Office of Institutional Advancement

1 Drexel Dr. Box 66, New Orleans, LA 70125

www.xula.edu