

National Alumni Association XAVIER UNIVERSITY of LOUISIANA Centennial Endowment Drive

In loving memory of Sr. Monica Loughlin, S.B.S., '69

Amount of My Gift:	□ 1 @ \$5000	
☐ 5 @\$1000 annual	☐ 10 @ \$500 bi-annual	
☐ 20 @ \$250 quarterly	☐ 60 @\$83.33 monthly	
Give online at www.xu	la.edu/alumni/giving	
Name(s):		
Address:		
City/State/Zip:		
Home Phone:		
Email:		
Business Phone:		
Method of Payment: ☐ Check Enclosed (Please make payable to Xo	wier University of Louisiana)	
☐ Credit Card (Details bel	low)	
☐ My employer will man enclosed my matching Company Name:	g gift form.	
Credit Card Payments:		
☐ Visa ☐ Mastercard	☐ Discover ☐ AmEx	
Amount Charged:		
Name on Card (please print)		
Account Number:		
	Security Code*:	
Charge my card on this	date:	
*3-digit code from back of your card (o	r 4 digit code on front of AmEx card).	
Signature:		



National Alumni Association XAVIER UNIVERSITY of LOUISIANA Centennial Endowment Drive

In loving memory of Sr. Monica Loughlin, S.B.S., '69

Amount of My Gift:	□ 1 @ \$5000			
☐ 5 @\$1000 annual	☐ 10 @ \$500 bi-annual			
☐ 20 @ \$250 quarterly	☐ 60 @\$83.33 monthly			
Give online at www.xula.edu/alumni/giving				
Name(s):				
Address:				
City/State/Zip:				
Home Phone:				
Email:				
Business Phone:				
 Method of Payment: □ Check Enclosed				
			☐ My employer will mat enclosed my matching Company Name:	g gift form.
Credit Card Payments:				
☐ Visa ☐ Mastercard	☐ Discover ☐ AmEx			
Amount Charged:				
Name on Card (please print):				
Account Number:				
Exp. Date: Card	Security Code*:			
Charge my card on this	date:			
*3-digit code from back of your card (or	4 digit code on front of AmEx card).			
Signature:				



National Alumni Association XAVIER UNIVERSITY of LOUISIANA Centennial Endowment Drive

In loving memory of Sr. Monica Loughlin, S.B.S., '69

= :	☐ 1 @ \$5000 ☐ 10 @ \$500 bi-annual	
☐ 20 @ \$250 quarterly ☐ 60 @\$83.33 monthly Give online at www.xula.edu/alumni/giving		
Name(s):		
Address:		
City/State/Zip:		
Home Phone:		
Email:		
Business Phone:		
Method of Payment: ☐ Check Enclosed (Please make payable to X) ☐ Credit Card (Details be	avier University of Louisiana) low)	
☐ My employer will ma enclosed my matchin Company Name:	g gift form.	
Credit Card Payments	:	
☐ Visa ☐ Mastercard ☐ Discover ☐ AmEx		
Amount Charged:		
Name on Card (please print)):	
Account Number:		
Exp. Date: Card Security Code*:		
Charge my card on this date:		
*3-digit code from back of your card (a	or 4 digit code on front of AmEx card).	
Signature:		



National Alumni Association XAVIER UNIVERSITY of LOUISIANA

1 Drexel Drive · Box 66 New Orleans, Louisiana 70125-1098 (504) 520-7575 · FAX (504) 520-7915



National Alumni Association XAVIER UNIVERSITY of LOUISIANA

1 Drexel Drive · Box 66 New Orleans, Louisiana 70125-1098 (504) 520-7575 · FAX (504) 520-7915



National Alumni Association XAVIER UNIVERSITY of LOUISIANA

1 Drexel Drive · Box 66 New Orleans, Louisiana 70125-1098 (504) 520-7575 · FAX (504) 520-7915