

# St. Norbert College Community Appeal

Name \_\_\_\_\_

ID# \_\_\_\_\_

## Gift/Pledge Amount

I am pleased to support St. Norbert College's continued excellence with a total gift or pledge in the amount of: \$ \_\_\_\_\_

I would like my gift to support:

- Area of greatest need       Scholarships and financial aid  
 Other \_\_\_\_\_

## Payment Option/Schedule

**I wish to make a gift now:** \_\_\_\_\_

I've enclosed a check payable to St. Norbert College

Please charge my credit card:

Visa    MasterCard    Discover    American Express

Credit Card Number

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Expiration Date

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Month      Year

\_\_\_\_\_  
Signature (required)

**Payroll deduction of \$ \_\_\_\_\_ /pay period for \_\_\_\_\_ pay periods.**  
(Number)

\_\_\_\_\_  
Signature (required to authorize payroll deduction)

**I wish to make a pledge, please send a reminder as follows:** \_\_\_\_\_

For a single payment, to be paid on: \_\_\_\_\_  
(Prior to May 31, 2009)

For multiple payments, as follows:  Semi-Annually    Quarterly    Monthly  
Please begin: \_\_\_\_\_  
(Prior to May 31, 2009)

## Double Your Dollars

My spouse's employer will match my/our gift. (Please enclose the employer matching gift form or contact the company's human resources office.)

***Thank you for your support!***

Please return completed pledge form to the Advancement Office by May 31, 2009.