



PERSONAL INFORMATION

Name			
Spouse/partner's name			
Address			
City	State	ZIP	
My preferred phone number			mobile
My preferred email			
MY/OUR COMMITMENT			
	O \$500	\$1,000	\$1,850
Other			
 The UD Fund Business Education and Health Sciences Flyer Promise General Scholarship University Libraries METHOD OF PAYMENT Check: Payable to University of Dayton 	Arts and SciencesAthletics (ChampioEngineeringLawOther	ns & Scholars)	
○ Credit/Debit Card ○ MasterCard	○ Visa	Discover	○ AMEX
Account number		_	
Signature of cardholder			
Name as it appears on card			
Make this a monthly recurring gift.			
O Pledge: Enclosed is a payment of \$			
toward a pledge of			
Electronic Fund Transfer from my bank according to the second secon	ccount (10 month minimu	m): Call 888-253-23	83.
O My gift is eligible for a company match. Co	mpany name		
PLEASE SEND ME ADDITIONAL INFORMATION I've included the University of Dayton in make a different of I would like to know how I can make a different of the property of the pro	ny estate plan.	of Dayton with my e	state plan.

Mail completed form to:

Office of Annual Giving University of Dayton 300 College Park Dayton, Ohio 45469-7056 Contact us:

Phone: 888-253-2383 Email: giving@udayton.edu Website: givenow.udayton.edu

