

Yes, I want to contribute!

Name (Please Print)							
Address		City		State	<u>;</u>	Zip	
Home Phone	Class Year	Email					
I would like to make the following g	ift: \$						
My contribution should be used f	or:						
Investing in the Sciences Science Building Project		Equipping Tomorrow's Leaders Annual Fund					
Reinvigorating our Campus Campus Beauti cation		(i.e. Scholarships, Internships, Academic Service Learning) Endowment Investment (i.e. Scholarships, Programs, Professorships)					
Enhancing Technology IT Improvements		Other List speci c fund:					
Our Lady Seat of Wisdom Chapel							
Enclosed is my check made payable	e to Aq ina College.	Please charge my:	Visa	MasterCard	AmEx	Discover	
Name on Card							

Return By Mail:	Return By Fax:			
Complete this form and mail it to:	Complete this form and fax it to: (616) 732-4545			
Aquinas College O ce of Advancement 1700 Fulton St. E Grand Rapids, MI 49506-1801	Questions?			
	Please contact the O ce of Advancement at (616) 632-2809 or advancement@aquinas.edu.			