



Giving Form

I am proud to support Notre Dame of Maryland University!

I would like to make a gift of \$_____

I would like my gift to be in support of

w 1 R W U H ' D P H • Vee d U H D R I J U H D W H V W Q
w 6 W X G H Q d W I L Q D Q F L D O D
w \$ W K O H W L F V
w \$ F D o r b g P a m E
w 2 W K H U B

Name of donor(s): _____

Name as you would like it to appear on a donor listing:

Email address: _____

Phone number: _____

Home address: _____

Payment Method:

w & K H F N H Q F O R V H G
w 3 O H G J H W R E H I X O I L O O H G E \ B B B B B B B B B B B B B B B B
w & U c h r G L W

Circle one: Visa MasterCard Discover American Express

Name on card: _____

Card number: _____

Expiration date: ___/___ CID*: _____

Signature: _____

*3-digit code on the back of your credit card

Does your employer match gifts? Yes No

Employer: _____

Please complete and return this form to:

O D U & J D U H Q H \
6 U L U H S F O R W O R L D O I D I M W R U
, Q V W L W X W L R Q D O Advancement
Notre Dame of Maryland University
470 North Charles Street
Baltimore, MD 21210